



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, no matter what cost-sharing tier it's on or the phase of coverage you're in.

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>Plus</i>	pg. VII
VIVA MEDICARE <i>Premier</i>	pg. VIII
VIVA MEDICARE <i>Classic</i>	pg. IX
VIVA MEDICARE <i>Infirmatory Health Advantage</i>	pg. X
Formulary	pg. 1
Index.....	pg. 88

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 *Plus*, VIVA MEDICARE *Premier*, VIVA MEDICARE *Classic*, or VIVA MEDICARE *Infirmatory Health Advantage*.

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, move them to different cost-sharing tiers, 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 on the same or lower cost-sharing tier and 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 move it to a different cost-sharing tier or 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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. 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 88**. 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.
- ◆ You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower

the amount you must pay for your drug.

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 tiering or 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 88.**

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.



2026 Copayments (the amount you pay) for Prescription Drugs

VIVA MEDICARE *Plus* (HMO)

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 100-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE *Plus* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE *Plus* Drug Benefits Summary

I. Deductible: \$350 The amount you pay before the coverage starts. The deductible does not apply to Tier 1 or Tier 2 generics.

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

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	100-DAY RETAIL SUPPLY	100-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	42%	42%	42%	42%
Tier 5 (Specialty Drugs)	29%	Not Available	Not Available	Not Available

III. Catastrophic Coverage: You pay **\$0** for covered drugs after your total yearly out-of-pocket costs reach \$2,100.

2026 Copayments (the amount you pay) for Prescription Drugs

VIVA MEDICARE Premier (HMO)

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 100-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Premier Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Premier Drug Benefits Summary

I. Deductible: \$200 The amount you pay before the coverage starts. The deductible does not apply to Tier 1 or Tier 2 generics.

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

	30-DAY RETAIL SUPPLY	100-DAY RETAIL SUPPLY	Preferred Cost Sharing	Standard Cost Sharing
			100-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$8	\$20	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	42%	42%	42%	42%
Tier 5 (Specialty Drugs)	30%	Not Available	Not Available	Not Available

III. Catastrophic Coverage: You pay \$0 for covered drugs after your total yearly out-of-pocket costs reach \$2,100.



2026 Copayments (the amount you pay) for Prescription Drugs

VIVA MEDICARE *Classic* (HMO)

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 100-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE *Classic* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE *Classic* Drug Benefits Summary

I. Deductible: \$350 The amount you pay before the coverage starts. The deductible does not apply to Tier 1 or Tier 2 generics.

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

	30-DAY RETAIL SUPPLY	100-DAY RETAIL SUPPLY	Preferred Cost Sharing	Standard Cost Sharing
			100-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	42%	42%	42%	42%
Tier 5 (Specialty Drugs)	29%	Not Available	Not Available	Not Available

III. Catastrophic Coverage: You pay **\$0** for covered drugs after your total yearly out-of-pocket costs reach \$2,100.



2026 Copayments (the amount you pay) for Prescription Drugs

VIVA MEDICARE *Infirmary Health Advantage* (HMO)

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 100-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE *Infirmary Health Advantage* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE *Infirmary Health Advantage* Drug Benefits Summary

I. Deductible: \$100 The amount you pay before the coverage starts. The deductible does not apply to Tier 1 or Tier 2 generics.

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

	30-DAY RETAIL SUPPLY	100-DAY RETAIL SUPPLY	Preferred Cost Sharing	Standard Cost Sharing
			100-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	42%	42%	42%	42%
Tier 5 (Specialty Drugs)	31%	Not Available	Not Available	Not Available

III. Catastrophic Coverage: You pay **\$0** for covered drugs after your total yearly out-of-pocket costs reach \$2,100.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<i>probenecid</i> TABS 500mg	3	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMPAVIDO CAPS 50mg	5	PA
<i>ivermectin TABS 3mg</i>	3	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	3	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	4	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	4	
<i>methenamine hippurate TABS 1gm</i>	3	
<i>metronidazole SOLN 500mg/100ml</i>	3	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	4	
<i>polymyxin b sulfate SOLR 500000unit</i>	4	
<i>praziquantel TABS 600mg</i>	4	
<i>pyrimethamine TABS 25mg</i>	5	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	
<i>sulfadiazine TABS 500mg</i>	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER CAPS 28mg	5	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	4	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	NM
<i>darunavir</i> TABS 600mg	4	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	4	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
EDURANT PED TBSO 2.5mg	5	NM
<i>efavirenz</i> TABS 600mg	4	NM
<i>emtricitabine</i> CAPS 200mg	4	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	5	NM
<i>rilpivirine hcl</i> TABS 25mg	5	NM
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	4	NM
TIVICAY TABS 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg	4	NM
<i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOL	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 675/150	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NM, PA
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	4	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
<i>entecavir TABS .5mg, 1mg</i>	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	B/D
<i>lamivudine (hbv) TABS 100mg</i>	3	NM
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate SUSR 6mg/ml</i>	3	QL (1080 mL / year)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
<i>fidaxomicin</i> TABS 200mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	

TETRACYCLINES

<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	3	
<i>doxycycline hyclate SOLR 100mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	3	
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	4	
<i>tigecycline SOLR 50mg</i>	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D, NM
BENDEKA SOLN 100mg/4ml	5	B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
<i>cyclophosphamide SOLN 1gm/5ml; SOLR 2gm</i>	5	B/D
<i>cyclophosphamide SOLR 1gm, 500mg</i>	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	PA
<i>lomustine CAPS 10mg, 40mg</i>	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>lomustine</i> CAPS 100mg	5	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
VIVIMUSTA SOLN 100mg/4ml	5	B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NM
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
TABLOID TABS 40mg	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
INLURIYO TABS 200mg	5	QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NM
<i>mesna</i> TABS 400mg	5	
MODEYSO CAPS 125mg	5	QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel inj 100mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	5	QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI CAPS 1mg	5	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERCESSI SOLR 150mg, 420mg	5	NM, PA
HERNEXEOS TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
HYRNUO TABS 10mg	5	QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 9mg	5	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KEYTRUDA INJ QLEX 395-4800 MG- UNIT/2.4ML	5	QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML	5	QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPk 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	QL (8 caps / 28 days), NM, PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (840 tabs / 28 days), NM, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TECENTRIQ INJ HYBREZA	5	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TBPK 160mg, 200mg	5	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 20-12.5 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	3	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)
<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>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	4	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afI)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<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)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	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	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl coated beads CP24 360mg</i>	4	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 34mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<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	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> tab 10-80 mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAPS 106mcg	5	QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTIDEMENTIA

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

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	3	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	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	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
ANTIEPILEPTIC AGENTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
<i>brivaracetam</i> SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	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	2	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	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
DILANTIN CAPS 100mg	3	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>perampanel</i> SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	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	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	4	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> CPSP 50mg	4	
<i>topiramate</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	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	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	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	4	
<i>methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol</i> TABS 750mg	3	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	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)

Drug Name	Drug Tier	Requirements/Limits
VIVITROL SUSR 380mg	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
<i>testosterone pump</i> GEL 1.62%	4	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
<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	3	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	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	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)
<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	3	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	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	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	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle	2	
cyred eq	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i> TABS .35mg	2	
<i>jolessa</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>LILETTA IUD 20.1mcg/day</i>	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>meleya</i> TABS .35mg	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	3	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> 20/1-30/1-35 mg-mcg	2	
<i>norethindrone ace & ethinyl estradiol tab 1</i> mg-20 mcg	2	
<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg	2	
<i>norethindrone ace & ethinyl estradiol-fe</i> tab 1 mg-20 mcg	2	
<i>norethindrone ace-eth estradiol-fe chew</i> tab 1 mg-20 mcg (24)	2	
<i>norgestimate & ethinyl estradiol tab 0.25</i> mg-35 mcg	2	
<i>norgestimate-eth estrad tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg	2	
<i>norgestimate-eth estrad tab 0.18-</i> 35/0.215-35/0.25-35 mg-mcg	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea</i> TABS .35mg	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<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	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>hydrocortisone sod succinate</i> SOLR 100mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
<i>betaine powder for oral solution</i>	5	NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	5	NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	3	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	
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	3	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<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	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro SUPP 25mg</i>	4	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg</i>	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	4	
<i>granisetron hcl TABS 1mg</i>	4	B/D
<i>meclizine hcl TABS 12.5mg, 25mg</i>	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</i>	3	
<i>metoclopramide hcl TABS 5mg, 10mg</i>	1	
<i>ondansetron TBP 4mg, 8mg</i>	3	B/D
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	3	
<i>ondansetron hcl SOLN 4mg/5ml</i>	4	B/D
<i>ondansetron hcl TABS 4mg, 8mg</i>	3	B/D
<i>prochlorperazine SUPP 25mg</i>	4	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	4	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	2	
<i>promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine PT72 1mg/3days</i>	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl CAPS 10mg; TABS 20mg</i>	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl SOLN 10mg/5ml</i>	4	PA; PA applies if 65 years and older
<i>glycopyrrolate TABS 1mg</i>	3	QL (90 tabs / 30 days)
<i>glycopyrrolate TABS 2mg</i>	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	3	
<i>famotidine SUSR 40mg/5ml</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine CAPS 150mg, 300mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml</i>	3	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	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%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>tropium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>tropium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	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	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	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	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg, 90mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
KINERET SOSY 100mg/0.67ml	5	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NM, PA
REN FLEXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA

2026 VIVA MEDICARE FORMULARY
FORMULARY

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NM, PA
TREMFYA SOPN 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
BENLYSTA SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	4	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NAACL INJ 0.45%	4	
D5W/NAACL INJ 0.2%	3	
D5W/NAACL INJ 0.45%	3	
D10W/NAACL INJ 0.2%	3	
D10W/NAACL INJ 0.45%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	3	
KCL/D5W/NAACL INJ 0.3/0.9%	4	
KCL/D5W/NAACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>multiple electrolytes ph 5.5</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	4	
KLOR-CON 8 TBCR 8meq	2	
<i>klor-con 10 TBCR 10meq</i>	2	
KLOR-CON 10 TBCR 10meq	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>besifloxacin hcl SUSP .6%</i>	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (ophth)</i> SOLN .3%	2	
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	1	
<i>sulfacetamide sodium (ophth)</i> SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	4	
XDEMVY SOLN .25%	5	NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	4	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
<i>ipratropium bromide hfa</i> AERS 17mcg/act	4	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	3	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL .77%	3	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	3	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	3	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	3	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
ENSTILAR AER	5	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	
<i>tazarotene</i> CREA .05%, .1%	3	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocan</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole TROC</i> 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq PSTE</i> .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
<i>abigale</i>	59
<i>abigale lo</i>	59
ABILIFY ASIMTUFII	37
ABILIFY MAINTENA	37
<i>abiraterone acetate</i>	13
<i>abirtega</i>	13
ABRYSVO	72
<i>acamprosate calcium</i>	49
<i>acarbose</i>	50
<i>accutane</i>	83
<i>acebutolol hcl</i>	30
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	31
<i>acetic acid</i>	66
<i>acetic acid (otic)</i>	78
<i>acetylcysteine</i>	80
<i>acitretin</i>	84
ACTHIB INJ	72
ACTIMMUNE.....	71
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ	72
ADALIMUMAB-BWWD	68
<i>adefovir dipivoxil</i>	8
ADEMPAS	33
ADMELOG.....	51
ADMELOG SOLOSTAR.....	51
ADVAIR HFA AER 115/21	82
ADVAIR HFA AER 230/21	82
ADVAIR HFA AER 45/21	82
<i>afirmelle</i>	54
AIMOVIG	46
AIRSUPRA AER 90-80MCG	82
AKEEGA TAB 100/500	13
AKEEGA TAB 50/500MG	13
<i>ala-cort</i>	84
<i>albendazole</i>	3
<i>albuterol sulfate</i>	79, 80
<i>alclometasone dipropionate</i>	84
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	52
ALDURAZYME	60
ALECENSA.....	15
<i>alendronate sodium</i>	53
<i>alfuzosin hcl</i>	65
<i>aliskiren fumarate</i>	32
<i>allopurinol</i>	1
<i>alose tron hcl</i>	64
<i>alprazolam</i>	34
<i>altavera</i>	54
ALUNBRIG.....	16
ALUNBRIG PAK	16
ALVAIZ	67
ALVESCO	82
<i>alyacen 1/35</i>	54
<i>alyacen 7/7/7</i>	54
ALYFTREK TAB 10-50-125	80
ALYFTREK TAB 4-20-50.....	80
ALYGLO	71
<i>alyq</i>	33
<i>amantadine hcl</i>	36
<i>ambrisentan</i>	33
<i>amethyst</i>	54
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	31
<i>amiloride hcl</i>	31
<i>aminosyn ii soln 15%</i>	75
AMINOSYN INJ 10%	75
AMINOSYN-PF INJ 10%.....	75
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	34
<i>amlodipine besylate</i>	30
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	32

<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	32	<i>amoxicillin</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	32	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	10
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	32	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	11
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	32	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	11
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	32	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	11
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	32	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	11
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	32	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	11
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	32	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	24	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	26	<i>amphetamine-dextroamphetamine tab 10 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	26	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	26	<i>amphetamine-dextroamphetamine tab 15 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	26	<i>amphetamine-dextroamphetamine tab 20 mg</i>	45
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	26	<i>amphetamine-dextroamphetamine tab 30 mg</i>	45
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	26	<i>amphetamine-dextroamphetamine tab 5 mg</i>	45
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	26	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	45
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	26	<i>amphotericin b</i>	5
<i>amnestem</i>	83	<i>amphotericin b liposome</i>	5
<i>amoxapine</i>	34	<i>ampicillin</i>	11
		<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11

INDEX

<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	6
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11	ATROPINE SULFATE.....	78
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11	<i>atropine sulfate (ophthalmic)</i>	78
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11	ATROVENT HFA.....	79
<i>ampicillin sodium</i>	11	<i>aubra eq</i>	54
<i>anagrelide hcl</i>	67	AUGTYRO	16
<i>anastrozole</i>	13	<i>aurovela 1/20</i>	54
ANORO ELLIPT AER 62.5-25	78	<i>aurovela 24 fe</i>	54
<i>aprepitant</i>	62	<i>aurovela fe 1.5/30</i>	54
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	63	<i>aurovela fe 1/20</i>	54
<i>apri</i>	54	AUSTEDO	47
APTIOM	40	AUSTEDO XR	47
APTIVUS.....	6	AUSTEDO XR TAB TITR KIT	47
ARALAST NP	80	AUVELITY TAB 45-105MG	34
<i>aranelle</i>	54	<i>aviane</i>	54
ARCALYST	71	AVMAPKI PAK FAKZYNJA	16
AREXVY	72	<i>ayuna</i>	54
<i>arformoterol tartrate</i>	80	AYVAKIT	16
ARIKAYCE.....	3	<i>azacitidine</i>	13
<i>aripiprazole</i>	37	<i>azathioprine</i>	72
ARISTADA	37	<i>azelaic acid</i>	86
ARISTADA INITIO	38	<i>azelastine hcl</i>	79
<i>armodafinil</i>	49	<i>azelastine hcl (ophth)</i>	77
ARNUITY ELLIPTA	82	<i>azithromycin</i>	10
<i>asenapine maleate</i>	38	<i>aztreonam</i>	3
<i>ashlyna</i>	54	<i>azurette</i>	54
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	68	B	
ASTAGRAF XL.....	72	<i>bacitracin-polymyxin b ophth oint</i>	76
<i>atazanavir sulfate</i>	6	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	76
<i>atenolol</i>	30	<i>baclofen</i>	48
<i>atenolol & chlorthalidone tab 100-25 mg</i>	29	BAFIERTAM	48
<i>atenolol & chlorthalidone tab 50-25 mg</i>	29	<i>balsalazide disodium</i>	64
<i>atomoxetine hcl</i>	45	BALVERSA.....	16
<i>atorvastatin calcium</i>	28	<i>balziva</i>	54
<i>atovaquone</i>	3	BARACLUDGE	8
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	6	BCG VACCINE.....	72
		<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	24
		<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	<i>bosentan</i>	33
BENDAMUSTINE HYDROCHLORID	12	BOSULIF	16
BENDEKA	12	BRAFTOVI	16
BENLYSTA	72	BREO ELLIPTA INH 100-25	82
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	83	BREO ELLIPTA INH 200-25	82
<i>benztropine mesylate</i>	36	BREO ELLIPTA INH 50-25MCG.....	82
BERINERT.....	67	<i>breyna</i>	82
<i>besifloxacin hcl</i>	76	BREZTRI AERO AER SPHERE	78
BESIVANCE.....	76	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	78
BESREMI	15	<i>briellyn</i>	54
<i>betaine powder for oral solution</i>	60	<i>brimonidine tartrate</i>	77
<i>betamethasone dipropionate (topical)</i>	84	<i>brinzolamide</i>	77
<i>betamethasone dipropionate augmented</i>	84	<i>brivaracetam</i>	40
<i>betamethasone valerate</i>	84	BRIVIACT.....	40
BETASERON	48	<i>bromocriptine mesylate</i>	36
<i>betaxolol hcl (ophth)</i>	77	BRUKINSA.....	16
<i>bethanechol chloride</i>	66	<i>budesonide</i>	64
BEVESPI AER 9-4.8MCG.....	78	<i>budesonide (inhalation)</i>	82
<i>bexarotene</i>	15	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	82
<i>bexarotene (topical)</i>	86	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	82
BEXSERO.....	72	<i>bumetanide</i>	31
<i>bicalutamide</i>	13	<i>buprenorphine hcl</i>	49
BICILLIN L-A.....	11	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	49
BIKTARVY TAB 30-120-15 MG	7	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	49
BIKTARVY TAB 50-200-25 MG	7	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	49
BILDYOS	53	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	49
BIMZELX	68	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	49
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	49
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	29	<i>bupropion hcl</i>	35
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	29	<i>bupropion hcl (smoking deterrent)</i> ...	49
<i>bisoprolol fumarate</i>	30	<i>buspirone hcl</i>	34
BIVIGAM	71	<i>butorphanol tartrate</i>	2
<i>blisovi 24 fe</i>	54	C	
<i>blisovi fe 1.5/30</i>	54	<i>cabergoline</i>	60
<i>blisovi fe 1/20</i>	54	CABOMETYX	16
BLUJEPa.....	3	<i>calcipotriene</i>	84
BONSITY	53	<i>calcitonin (salmon) spray</i>	53
BOOSTRIX INJ.....	72		
<i>bortezomib</i>	16		
BORTEZOMIB	16		

INDEX

<i>calcitrene</i>	84	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>calcitriol</i>	62	25-100-200 mg	37
<i>calcitriol (oral)</i>	62	<i>carbidopa-levodopa-entacapone tabs</i>	
CALQUENCE	16	31.25-125-200 mg	37
<i>camila</i>	54	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>camrese</i>	54	37.5-150-200 mg	37
<i>camrese lo</i>	54	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil</i>	27	50-200-200 mg	37
<i>candesartan cilexetil-</i>		<i>carboplatin</i>	12
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carglumic acid</i>	60
.....	26	<i>carteolol hcl (ophth)</i>	77
<i>candesartan cilexetil-</i>		<i>cartia xt</i>	30
<i>hydrochlorothiazide tab 32-12.5 mg</i>		<i>carvedilol</i>	30
.....	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	38	<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	25	CEFAZOLIN SOLN 2GM/100ML-4%	9
<i>captopril & hydrochlorothiazide tab 25-</i>		CEFAZOLIN/DEX SOL 1GM/50ML-4% .	9
25 mg	25	CEFAZOLIN/DEX SOL 2GM/50ML-3% .	9
<i>captopril & hydrochlorothiazide tab 50-</i>		CEFAZOLIN/DEX SOL 3GM/150ML-4% 9	
15 mg	25	CEFAZOLIN/DEX SOL 3GM/50ML-2% .	9
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>cefdinir</i>	9
25 mg	25	<i>cefepime hcl</i>	9
<i>carb/levo orally disintegrating tab 10-</i>		<i>cefixime</i>	9
100mg	36	<i>cefotetan disodium</i>	9
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefoxitin sodium</i>	9
100mg	36	<i>cefpodoxime proxetil</i>	9
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefprozil</i>	9
250mg	36	<i>ceftaroline fosamil</i>	9
<i>carbamazepine</i>	40, 41	<i>ceftazidime</i>	9
<i>carbidopa</i>	36	<i>ceftriaxone sodium</i>	9
<i>carbidopa & levodopa tab 10-100 mg</i>	36	<i>cefuroxime axetil</i>	9
<i>carbidopa & levodopa tab 25-100 mg</i>	37	<i>cefuroxime sodium</i>	10
<i>carbidopa & levodopa tab 25-250 mg</i>	37	<i>celecoxib</i>	1
<i>carbidopa & levodopa tab er 25-100</i>		<i>cephalexin</i>	10
mg	37	CEQUR SIMPL KIT PATCH 2U (3-DAY)	
<i>carbidopa & levodopa tab er 50-200</i>		52
mg	37	CEQUR SIMPL KIT PATCH 2U (4-DAY)	
<i>carbidopa-levodopa-entacapone tabs</i>		52
12.5-50-200 mg	37	CEQUR SIMPL MIS INSERTER	52
<i>carbidopa-levodopa-entacapone tabs</i>		CERDELGA	60
18.75-75-200 mg	37	CEREZYME	60

<i>cetirizine hcl</i>	79	CLINIMIX INJ 4.25/D5W	75
<i>cevimeline hcl</i>	86	CLINIMIX INJ 5%/D15W	75
<i>chateal eq</i>	54	CLINIMIX INJ 5%/D20W	75
CHEMET	54	CLINIMIX INJ 6/5	75
<i>chlorhexidine gluconate (mouth-throat)</i>	87	CLINIMIX INJ 8/10	75
<i>chloroquine phosphate</i>	6	CLINIMIX INJ 8/14	75
<i>chlorpromazine hcl</i>	38	<i>clinisol sf 15%</i>	75
<i>chlorthalidone</i>	31	CLINOLIPID EMU 20%	76
<i>cholestyramine</i>	29	<i>clobazam</i>	41
<i>cholestyramine light</i>	29	<i>clobetasol propionate</i>	85
<i>choline fenofibrate</i>	28	<i>clobetasol propionate e</i>	85
<i>ciclopirox</i>	83	<i>clodan</i>	85
<i>ciclopirox olamine</i>	83	<i>clomipramine hcl</i>	35
<i>cilostazol</i>	67	<i>clonazepam</i>	41
CILOXAN	76	<i>clonidine</i>	32
CIMDUO TAB 300-300	7	<i>clonidine hcl</i>	32
<i>cinacalcet hcl</i>	60	<i>clopidogrel bisulfate</i>	68
CIPRO	10	<i>clorazepate dipotassium</i>	41
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10	<i>clotrimazole</i>	87
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10	<i>clotrimazole (topical)</i>	83, 84
<i>ciprofloxacin hcl</i>	10	<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	84
<i>ciprofloxacin hcl (ophth)</i>	76	<i>clozapine</i>	38
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	78	COARTEM TAB 20-120MG	6
<i>cisplatin</i>	12	COBENFY CAP 100-20MG	38
<i>citalopram hydrobromide</i>	35	COBENFY CAP 125-30MG	38
<i>claravis</i>	83	COBENFY CAP 50-20MG	38
<i>clarithromycin</i>	10	COBENFY STRT CAP PACK	38
<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>	29
<i>clindamycin phosphate (topical)</i>	83	<i>colestipol hcl</i>	29
<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%	77
<i>clindamycin phosphate in d5w iv soln</i> <i>900 mg/50ml</i>	3	COMBIVENT AER 20-100	78
<i>clindamycin phosphate vaginal</i>	66	COMETRIQ (60MG DOSE)	16
<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i>	83	COMETRIQ KIT 100MG.....	17
CLINDMYC/NAC INJ 300/50ML.....	3	COMETRIQ KIT 140MG.....	17
CLINDMYC/NAC INJ 600/50ML.....	3	<i>compro</i>	63
CLINDMYC/NAC INJ 900/50ML.....	3	<i>constulose</i>	64
CLINIMIX INJ 4.25/D10	75	COPAXONE.....	48
		COPIKTRA.....	17
		CORLANOR.....	32
		COTELLIC.....	17
		CREON CAP 12000UNT.....	64

INDEX

CREON CAP 24000UNT	64	DAPTOMYCIN.....	3
CREON CAP 3000UNIT.....	64	<i>darifenacin hydrobromide</i>	66
CREON CAP 36000UNT	64	<i>darunavir</i>	6
CREON CAP 6000UNIT.....	64	<i>dasatinib</i>	17
CRESEMBA.....	5	<i>dasetta 1/35</i>	55
<i>cromolyn sodium</i>	80	<i>dasetta 7/7/7</i>	55
<i>cromolyn sodium (mastocytosis)</i>	65	DAURISMO	17
<i>cromolyn sodium (ophth)</i>	77	<i>daysee</i>	55
<i>cryselle</i>	54	DAYVIGO	46
<i>cyclobenzaprine hcl</i>	48	<i>deblitane</i>	55
<i>cyclophosphamide</i>	12	<i>deferasirox</i>	54
CYCLOPHOSPHAMIDE.....	12	DELSTRIGO TAB.....	7
CYCLOPHOSPHAMIDE MONOHYDR ...	12	DENGVAXIA SUS.....	72
<i>cycloserine</i>	8	DEPO-SUBQ PROVERA 104	55
<i>cyclosporine</i>	72	<i>depo-testosterone</i>	50
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	72	DESCOVY TAB 120-15MG	7
<i>cyproheptadine hcl</i>	79	DESCOVY TAB 200/25MG	7
<i>cyred eq</i>	54	<i>desipramine hcl</i>	35
CYSTADROPS	78	<i>desloratadine</i>	79
CYSTAGON	60	<i>desmopressin acetate</i>	60
CYSTARAN	78	<i>desmopressin acetate spray</i>	60
<i>cytarabine</i>	13	<i>desmopressin acetate spray</i> <i>refrigerated</i>	60
D		<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	55
D10W/NACL INJ 0.2%	74	<i>desvenlafaxine succinate</i>	35
D10W/NACL INJ 0.45%	74	<i>dexamethasone</i>	59
D2.5W/NACL INJ 0.45%	74	DEXAMETHASONE INTENSOL.....	59
D5W/NACL INJ 0.2%.....	74	<i>dexamethasone sodium phosphate</i> ..	59
D5W/NACL INJ 0.45%	74	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	77
<i>dabigatran etexilate mesylate</i>	66	<i>dexmethylphenidate hcl</i>	45
<i>dalfampridine</i>	48	<i>dextrose</i>	76
<i>danazol</i>	50	DEXTROSE 10%.....	76
<i>dantrolene sodium</i>	48	<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	74
DANZITEN	17	<i>dextrose 5% in lactated ringers</i>	74
<i>dapagliflozin</i>	50	<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	74
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 10-1000 mg</i>	50	<i>dextrose 5% w/ sodium chloride 0.3%</i>	74
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 10-500 mg</i>	50	<i>dextrose 5% w/ sodium chloride 0.45%</i>	74
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 5-1000 mg</i>	50	<i>dextrose 5% w/ sodium chloride 0.9%</i>	74
<i>dapagliflozin free base-metformin hcl</i> <i>tab er 24hr 5-500 mg</i>	50	DEXTROSE 70%.....	76
<i>dapsone</i>	3		
DAPTACEL INJ	72		
<i>daptomycin</i>	3		

DIACOMIT	41	<i>doxazosin mesylate</i>	26
<i>diazepam</i>	41	<i>doxepin hcl</i>	35
<i>diazepam (anticonvulsant)</i>	41	<i>doxepin hcl (sleep)</i>	46
<i>diazepam inj</i>	41	<i>doxercalciferol</i>	62
<i>diazepam intensol</i>	41	<i>doxorubicin hcl</i>	15
<i>diazoxide</i>	60	<i>doxorubicin hcl liposomal</i>	15
<i>diclofenac potassium</i>	1	<i>doxy 100</i>	12
<i>diclofenac sodium</i>	1	<i>doxycycline (monohydrate)</i>	12
<i>diclofenac sodium (ophth)</i>	77	<i>doxycycline hyclate</i>	12
<i>diclofenac sodium (topical)</i>	86	DRIZALMA SPRINKLE	35
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	1	<i>dronabinol</i>	63
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	1	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	55
<i>dicloxacillin sodium</i>	11	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	55
<i>dicyclomine hcl</i>	63	<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.02-0.451 mg</i> 55	55
DIFICID.....	10	<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i> 55	55
<i>diflunisal</i>	1	DROXIA	67
<i>difluprednate</i>	77	<i>droxidopa</i>	32
<i>digoxin</i>	32	DULERA AER 100-5MCG	82
<i>dihydroergotamine mesylate</i>	46	DULERA AER 200-5MCG	82
DILANTIN	41	DULERA AER 50-5MCG.....	82
<i>diltiazem hcl</i>	30	<i>duloxetine hcl</i>	35
<i>diltiazem hcl coated beads</i>	30	DUPIXENT	68
<i>diltiazem hcl extended release beads</i> 30		<i>dutasteride</i>	66
<i>dilt-xr</i>	30	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	66
<i>diphenhydramine hcl</i>	79	E	
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	65	<i>e.e.s. 400</i>	10
<i>dipyridamole</i>	68	<i>econazole nitrate</i>	84
<i>disopyramide phosphate</i>	28	EDARBI.....	27
<i>disulfiram</i>	49	EDARBYCLOR TAB 40-12.5	26
<i>divalproex sodium</i>	41, 42	EDARBYCLOR TAB 40-25MG	26
<i>docetaxel</i>	15	EDURANT	6
DOCETAXEL	15	EDURANT PED	6
DOCIVYX	15	<i>efavirenz</i>	6
<i>dofetilide</i>	28	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	7
<i>dolishale</i>	55	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	7
<i>donepezil hydrochloride</i>	34	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	7
DOPTELET	67	ELIGARD	13
DOPTELET SPRINKLE.....	67	<i>elinest</i>	55
<i>dorzolamide hcl</i>	77		
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	77		
<i>dotti</i>	59		
DOVATO TAB 50-300MG	7		

INDEX

ELIQUIS	66	EPCLUSA TAB 200-50MG	8
ELIQUIS (1.5MG PACK) 3 X	67	EPCLUSA TAB 400-100	8
ELIQUIS (2MG PACK) 4 X	67	EPIDIOLEX	42
ELIQUIS STARTER PACK	67	<i>epinephrine</i>	32
<i>eluryng</i>	55	<i>epinephrine (anaphylaxis)</i>	80
EMGALITY	47	<i>eplerenone</i>	25
EMSAM	35	<i>ergotamine w/ caffeine tab 1-100 mg</i>	47
<i>emtricitabine</i>	6	ERIVEDGE	17
<i>emtricitabine-rilpivirine-tenofovir df tab</i> <i>200-25-300 mg</i>	7	ERLEADA	13, 14
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	7	<i>erlotinib hcl</i>	17
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	7	<i>errin</i>	55
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	7	<i>ertapenem sodium</i>	3
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	7	<i>ery</i>	83
EMTRIVA	6	ERYTHROCIN LACTOBIONATE	10
EMVERM	3	<i>erythromycin (acne aid)</i>	83
<i>emzahn</i>	55	<i>erythromycin (ophth)</i>	76
<i>enalapril maleate</i>	25	<i>erythromycin base</i>	10
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	25	<i>erythromycin ethylsuccinate</i>	10
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	25	<i>erythromycin lactobionate</i>	10
ENBREL	68	ERZOFRI	38
ENBREL MINI	68	<i>escitalopram oxalate</i>	35
ENBREL SURECLICK	69	<i>eslicarbazepine acetate</i>	42
<i>endocet tab 10-325mg</i>	2	<i>esomeprazole magnesium</i>	65
<i>endocet tab 2.5-325mg</i>	2	<i>estarylla</i>	55
<i>endocet tab 5-325mg</i>	2	<i>estradiol</i>	59
<i>endocet tab 7.5-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	59
ENGERIX-B	72	<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	59
<i>enilloring</i>	55	<i>estradiol vaginal</i>	59
<i>enoxaparin sodium</i>	67	<i>estradiol valerate</i>	59
ENSACOVE	17	<i>ethambutol hcl</i>	8
<i>enskyce</i>	55	<i>ethosuximide</i>	42
ENSTILAR AER	84	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	55
<i>entacapone</i>	37	<i>etodolac</i>	1
<i>entecavir</i>	8	<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	55
ENTRESTO CAP 15-16MG	26	<i>etoposide</i>	15
ENTRESTO CAP 6-6MG	26	<i>etravirine</i>	6
<i>enulose</i>	64	EUCRISA	86
EPCLUSA PAK 150-37.5	8	EULEXIN	14
EPCLUSA PAK 200-50MG	8	<i>everolimus</i>	17
		<i>everolimus (immunosuppressant)</i>	72
		EVOTAZ TAB 300-150	7

<i>exemestane</i>	14	FLEBOGAMMA DIF	71
EXXUA	35	<i>flecainide acetate</i>	28
EXXUA TITRATION PACK.....	35	<i>fluconazole</i>	5
EYSUVIS.....	78	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
EZALLOR SPRINKLE	28	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5
<i>ezetimibe</i>	29	<i>flucytosine</i>	5
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29	<i>fludrocortisone acetate</i>	59
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29	<i>flunisolide (nasal)</i>	82
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29	<i>fluocinolone acetonide</i>	85
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29	<i>fluocinolone acetonide (otic)</i>	78
F		<i>fluocinonide</i>	85
FABRAZYME	60	<i>fluocinonide emulsified base</i>	85
<i>falmina</i>	55	<i>fluorometholone (ophth)</i>	77
<i>famciclovir</i>	8	<i>fluorouracil</i>	13
<i>famotidine</i>	63	<i>fluorouracil (topical)</i>	86
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	63	<i>fluoxetine hcl</i>	35
FANAPT	38	<i>fluphenazine decanoate</i>	38
FANAPT PAK PACK A	38	<i>fluphenazine hcl</i>	38
FANAPT PAK PACK B	38	<i>flurbiprofen</i>	1
FANAPT PAK PACK C	38	<i>flurbiprofen sodium</i>	77
FARXIGA	50	<i>fluticasone propionate</i>	85
FASENRA.....	80	<i>fluticasone propionate (nasal)</i>	82
FASENRA PEN	80	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	82
<i>febuxostat</i>	1	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	83
<i>feirza 1.5/30</i>	55	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	83
<i>feirza 1/20</i>	55	<i>fluvastatin sodium</i>	28
<i>felbamate</i>	42	<i>fluvoxamine maleate</i>	34
<i>felodipine</i>	31	<i>fondaparinux sodium</i>	67
<i>fenofibrate</i>	28	<i>formoterol fumarate</i>	80
<i>fenofibrate micronized</i>	28	<i>fosamprenavir calcium</i>	6
<i>fentanyl</i>	1	<i>fosfomycin tromethamine</i>	3
<i>fesoterodine fumarate</i>	66	<i>fosinopril sodium</i>	25
FETZIMA.....	35	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	25
FETZIMA CAP TITRATIO.....	35	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	25
FIASP.....	52	FOTIVDA.....	17
FIASP FLEXTOUCH	52	FRINDOVYX	12
FIASP PENFILL	52	FRUZAQLA	17
FIASP PUMPCART.....	52	FULPHILA	67
<i>fidaxomicin</i>	10	<i>fulvestrant</i>	14
<i>finasteride</i>	66		
<i>fingolimod hcl</i>	48		
FINTEPLA	42		
<i>finzala</i>	55		
FIRMAGON.....	14		
<i>flac</i>	78		

INDEX

<i>furosemide</i>	31	GLEOSTINE	12
<i>furosemide inj</i>	31	<i>glimepiride</i>	50
<i>fyavolv tab 0.5mg-2.5mcg</i>	59	<i>glipizide</i>	50
<i>fyavolv tab 1mg-5mcg</i>	59	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	50
FYCOMPA.....	42	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	50
G		<i>glipizide-metformin hcl tab 5-500 mg</i>	50
<i>gabapentin</i>	42	<i>glycopyrrolate</i>	63
<i>galantamine hydrobromide</i>	34	<i>glydo</i>	85
<i>galbriela</i>	55	GLYXAMBI TAB 10-5 MG.....	50
<i>gallifrey</i>	62	GLYXAMBI TAB 25-5 MG.....	50
GAMASTAN INJ.....	71	GOMEKLI	18
GAMMAGARD LIQUID	71	<i>granisetron hcl</i>	63
GAMMAGARD LIQUID ERC.....	71	<i>griseofulvin microsize</i>	5
GAMMAGARD S/D IGA LESS TH	71	<i>griseofulvin ultramicrosize</i>	5
GAMMAKED	71	<i>guanfacine hcl</i>	32
GAMMAPLEX	71	<i>guanfacine hcl (adhd)</i>	45, 46
GAMUNEX-C.....	71	GVOKE HYPOPEN 1-PACK	60
<i>ganciclovir sodium</i>	8	GVOKE HYPOPEN 2-PACK	60
GARDASIL 9.....	72	GVOKE KIT	60
<i>gatifloxacin (ophth)</i>	76	GVOKE PFS	60
GATTEX.....	65	H	
GAUZE PADS 2	52	HADLIMA	69
<i>gavilyte-c</i>	64	HADLIMA PUSHTOUCH	69
<i>gavilyte-g</i>	64	HAEGARDA.....	68
<i>gavilyte-n/flavor pack</i>	64	<i>hailey 1.5/30</i>	55
GAVRETO	17	<i>hailey 24 fe</i>	55
<i>gefitinib</i>	17	<i>hailey fe 1/20</i>	55
<i>gemcitabine hcl</i>	13	<i>halobetasol propionate</i>	85
<i>gemfibrozil</i>	28	<i>haloperidol</i>	38
GEMTESA	66	<i>haloperidol decanoate</i>	38
<i>generlac</i>	64	<i>haloperidol lactate</i>	38
<i>gengraf</i>	72	HAVRIX.....	72
GENOTROPIN	60	<i>heather</i>	55
GENOTROPIN MINIQUICK	61	HEP SOD/NACL INJ 25000UNT	67
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	<i>heparin sodium (porcine)</i>	67
<i>gentamicin in saline inj 1 mg/ml</i>	3	HEPLISAV-B	72
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	HERCEP HYLEC SOL 60-10000	18
<i>gentamicin in saline inj 1.6 mg/ml</i>	4	HERCEPTIN	18
<i>gentamicin in saline inj 2 mg/ml</i>	4	HERCESSI.....	18
<i>gentamicin sulfate</i>	4	HERNEXEOS	18
<i>gentamicin sulfate (ophth)</i>	76	HERZUMA	18
<i>gentamicin sulfate (topical)</i>	83	HIBERIX	73
GENVOYA TAB.....	7	HUMIRA.....	69
GILOTRIF	17	HUMIRA PEN.....	69
<i>glatiramer acetate</i>	48		
<i>glatopa</i>	48		

HUMIRA PEN KIT PS/UV.....	69	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA PEN-CD/UC/HS START	69	<i>soln 500 mg</i>	4
HUMULIN R U-500 (CONCENTR.....)	52	<i>imipramine hcl</i>	35
HUMULIN R U-500 KWIKPEN	52	<i>imiquimod</i>	86
<i>hydralazine hcl</i>	32	IMKELDI	18
<i>hydrochlorothiazide</i>	31	IMOVAX RABIES (H.D.C.V.)	73
<i>hydrocodone bitartrate</i>	2	IMPAVIDO	4
<i>hydrocodone-acetaminophen soln 7.5-</i>		INBRIJA	37
<i>325 mg/15ml</i>	2	<i>incassia</i>	55
<i>hydrocodone-acetaminophen tab 10-</i>		INCRELEX	61
<i>325 mg</i>	2	INCRUSE ELLIPTA	79
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>indapamide</i>	31
<i>mg</i>	2	INFANRIX INJ	73
<i>hydrocodone-acetaminophen tab 7.5-</i>		INFLIXIMAB.....	69
<i>325 mg</i>	2	INLURIYO.....	14
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INLYTA	18
.....	2	INQOVI TAB 35-100MG.....	13
<i>hydrocortisone</i>	59	INREBIC	18
<i>hydrocortisone (intrarectal).....</i>	64	INSULIN PEN NEEDLES: EMBECTA-BD	
<i>hydrocortisone (rectal)</i>	86	52
<i>hydrocortisone (topical).....</i>	85	INSULIN SAFETY NEEDLES: EMBECTA-	
<i>hydrocortisone sod succinate.....</i>	59	BD.....	52
<i>hydrocortisone valerate</i>	85	INSULIN SYRINGES: EMBECTA-BD ..	52
<i>hydrocortisone w/ acetic acid otic soln</i>		INTELENCE.....	6
<i>1-2%</i>	78	INTRALIPID	76
<i>hydromorphone hcl</i>	2	<i>introvale</i>	55
<i>hydroxychloroquine sulfate</i>	71	INVEGA HAFYERA.....	38
<i>hydroxyurea</i>	15	INVEGA SUSTENNA	38
<i>hydroxyzine hcl</i>	79	INVEGA TRINZA.....	39
<i>hydroxyzine pamoate</i>	79	IPOL INJ INACTIVE.....	73
HYRNUO.....	18	<i>ipratropium bromide.....</i>	79
I		<i>ipratropium bromide (nasal)</i>	79
<i>ibandronate sodium</i>	53	<i>ipratropium bromide hfa.....</i>	79
IBRANCE	18	<i>ipratropium-albuterol nebu soln 0.5-</i>	
IBTROZI.....	18	<i>2.5(3) mg/3ml</i>	78
<i>ibu.....</i>	1	<i>irbesartan</i>	27
<i>ibuprofen.....</i>	1	<i>irbesartan-hydrochlorothiazide tab 150-</i>	
<i>icatibant acetate.....</i>	68	<i>12.5 mg</i>	26
<i>iclevia</i>	55	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
ICLUSIG	18	<i>12.5 mg</i>	26
IDHIFA.....	18	<i>irinotecan hcl.....</i>	15
<i>imatinib mesylate</i>	18	ISENTRESS	6
IMBRUVICA.....	18	ISENTRESS HD	6
<i>imipenem-cilastatin intravenous for</i>		<i>isibloom</i>	55
<i>soln 250 mg</i>	4	ISOLYTE-P INJ /D5W	74
		ISOLYTE-S INJ PH 7.4.....	74

INDEX

<i>isoniazid</i>	8	KALYDECO	80
<i>isosorbide dinitrate</i>	33	KANJINTI	19
<i>isosorbide mononitrate</i>	33	<i>kariva</i>	56
<i>isotretinoin</i>	83	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	74
<i>isradipine</i>	31	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	74
ITOVEBI	18, 19	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	74
<i>itraconazole</i>	5	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	74
<i>ivabradine hcl</i>	32	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	74
<i>ivermectin</i>	4	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	74
IWILFIN	15	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	74
IXIARO INJ	73	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	74
J		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	74
<i>jaimiess</i>	55	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	74
JAKAFI	19	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	74
<i>jantoven</i>	67	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	74
JANUMET TAB 50-1000.....	50	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	74
JANUMET TAB 50-500MG.....	50	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	74
JANUMET XR TAB 100-1000	50	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	74
JANUMET XR TAB 50-1000	50	KCL/D5W/NAACL INJ 0.15/0.2	74
JANUMET XR TAB 50-500MG	50	KCL/D5W/NAACL INJ 0.3/0.9%	74
JANUVIA.....	50	<i>kelnor 1/35</i>	56
JARDIANCE	50	KERENDIA.....	25
<i>jasmiel</i>	55	KESIMPTA	48
<i>javygtor</i>	61	<i>ketoconazole</i>	5
JAYPIRCA	19	<i>ketoconazole (topical)</i>	84
<i>jencycla</i>	55	<i>ketorolac tromethamine (ophth)</i>	77
JENTADUETO TAB 2.5-1000	51	KEYTRUDA	19
JENTADUETO TAB 2.5-500	50	KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	19
JENTADUETO TAB 2.5-850	50	KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	19
JENTADUETO TAB XR 2.5-1000MG ...	51	KINERET	69
JENTADUETO TAB XR 5-1000MG.....	51	KINRIX INJ	73
<i>jinteli</i>	59	<i>kionex</i>	54
<i>jolessa</i>	55	KISQALI 200 DOSE.....	19
<i>juleber</i>	56	KISQALI 400 DOSE.....	19
JULUCA TAB 50-25MG	7	KISQALI 400 PAK FEMARA.....	19
<i>junel 1.5/30</i>	56	KISQALI 600 DOSE.....	19
<i>junel 1/20</i>	56		
<i>junel fe 1.5/30</i>	56		
<i>junel fe 1/20</i>	56		
<i>junel fe 24</i>	56		
JYLAMVO	71		
JYNNEOS	73		
K			
KADCYLA	19		
<i>kaitlib fe</i>	56		
KALETRA SOL.....	8		

KISQALI 600 PAK FEMARA	19	LENVIMA 4 MG DAILY DOSE	19
<i>klayesta</i>	84	LENVIMA 8 MG DAILY DOSE	20
<i>klor-con</i>	75	LENVIMA CAP 14 MG	20
<i>klor-con 10</i>	75	LENVIMA CAP 18 MG	20
KLOR-CON 10	75	LENVIMA CAP 24 MG	20
KLOR-CON 8	75	<i>lessina</i>	56
<i>klor-con m10</i>	75	<i>letrozole</i>	14
<i>klor-con m15</i>	75	<i>leucovorin calcium</i>	15
<i>klor-con m20</i>	75	LEUKERAN.....	12
KLOXXADO	49	<i>leuprolide acetate</i>	14
KOMZIFTI	19	<i>levabuterol hcl</i>	80
KOSELUGO	19	<i>levabuterol tartrate</i>	80
<i>kourzeq</i>	87	<i>levetiracetam</i>	42
KRAZATI	19	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	42
<i>kurvelo</i>	56	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	43
L		<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	42
<i>labetalol hcl</i>	30	<i>levobunolol hcl</i>	77
<i>lacosamide</i>	42	<i>levocarnitine (metabolic modifiers)</i> ..	61
<i>lacosamide oral</i>	42	<i>levocetirizine dihydrochloride</i>	79
LACTATED RIN INJ.....	74	<i>levofloxacin</i>	10
<i>lactated ringer's solution</i>	74	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	10
<i>lactic acid (ammonium lactate)</i>	86	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	10
<i>lactulose</i>	64	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	10
<i>lactulose (encephalopathy)</i>	64	<i>levonest</i>	56
<i>lamivudine</i>	6	<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg & eth est 0.01</i> <i>mg</i>	56
<i>lamivudine (hbv)</i>	8	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	56
<i>lamivudine-zidovudine tab 150-300 mg</i>	8	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	56
<i>lamotrigine</i>	42	<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	56
<i>lanreotide acetate</i>	61	<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	56
<i>lansoprazole</i>	65	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	56
LANTUS.....	52	<i>levora 0.15/30-28</i>	56
LANTUS SOLOSTAR.....	52	<i>levo-t</i>	62
<i>lapatinib ditosylate</i>	19	<i>levothyroxine sodium</i>	62
<i>larin 1.5/30</i>	56		
<i>larin 1/20</i>	56		
<i>larin 24 fe</i>	56		
<i>larin fe 1.5/30</i>	56		
<i>larin fe 1/20</i>	56		
<i>latanoprost</i>	77		
LAZCLUZE	19		
<i>leflunomide</i>	71		
<i>lenalidomide</i>	14		
LENVIMA 10 MG DAILY DOSE	20		
LENVIMA 12MG DAILY DOSE	20		
LENVIMA 20 MG DAILY DOSE	20		

INDEX

<i>levoxyl</i>	62	<i>losartan potassium &</i>	
<i>l-glutamine (sickle cell)</i>	68	<i>hydrochlorothiazide tab 100-25 mg</i>	26
<i>lidocaine</i>	85	<i>losartan potassium &</i>	
<i>lidocaine hcl</i>	85	<i>hydrochlorothiazide tab 50-12.5 mg</i>	26
<i>lidocaine hcl (local anesth.)</i>	1	26
<i>lidocaine hcl (mouth-throat)</i>	87	LOTEMAX	77
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	85	<i>loteprednol etabonate-tobramycin</i>	
<i>lidocan</i>	86	<i>ophth susp 0.5-0.3%</i>	76
LILETTA.....	56	<i>lovastatin</i>	28
<i>linezolid</i>	4	<i>low-ogestrel</i>	56
LINEZOLID INJ 2MG/ML.....	4	<i>loxapine succinate</i>	39
LINZESS.....	65	<i>lubiprostone</i>	65
<i>liomny</i>	62	<i>luizza 1.5/30</i>	56
<i>liothyronine sodium</i>	62	<i>luizza 1/20</i>	56
<i>lisdexamfetamine dimesylate</i>	46	LUMAKRAS	20
<i>lisinopril</i>	25	LUMIGAN	77
<i>lisinopril & hydrochlorothiazide tab 10-</i>		LUMIZYME.....	61
<i>12.5 mg</i>	25	LUPRON DEPOT (1-MONTH).....	14
<i>lisinopril & hydrochlorothiazide tab 20-</i>		LUPRON DEPOT (3-MONTH).....	14
<i>12.5 mg</i>	25	LUPRON DEPOT-PED (1-MONTH	61
<i>lisinopril & hydrochlorothiazide tab 20-</i>		LUPRON DEPOT-PED (3-MONTH	61
<i>25 mg</i>	25	LUPRON DEPOT-PED (6-MONTH	61
<i>lithium</i>	47	<i>lurasidone hcl</i>	39
<i>lithium carbonate</i>	47	<i>lutera</i>	56
LIVTENCITY	8	LYBALVI TAB 10-10MG.....	39
<i>loestrin 1.5/30-21</i>	56	LYBALVI TAB 15-10MG.....	39
<i>loestrin 1/20-21</i>	56	LYBALVI TAB 20-10MG.....	39
<i>loestrin fe 1.5/30</i>	56	LYBALVI TAB 5-10MG	39
<i>loestrin fe 1/20</i>	56	<i>lyleq</i>	56
<i>lojaimiess</i>	56	<i>lyllana</i>	59
LOKELMA.....	54	LYNPARZA.....	20
<i>lomustine</i>	12, 13	LYSODREN	14
LONSURF TAB 15-6.14	13	LYTGOBI (12 MG DAILY DOSE)	20
LONSURF TAB 20-8.19	13	LYTGOBI (16 MG DAILY DOSE)	20
<i>loperamide hcl</i>	65	LYTGOBI (20 MG DAILY DOSE)	20
<i>lopinavir-ritonavir tab 100-25 mg</i>	8	<i>lyza</i>	56
<i>lopinavir-ritonavir tab 200-50 mg</i>	8	M	
<i>lorazepam</i>	34	<i>magnesium sulfate</i>	74
<i>lorazepam intensol</i>	34	MAGNESIUM SULFATE.....	74
LORBRENA.....	20	<i>magnesium sulfate in dextrose 5% iv</i>	
<i>loryna</i>	56	<i>soln 1 gm/100ml</i>	74
<i>losartan potassium</i>	27	<i>malathion</i>	86
<i>losartan potassium &</i>		<i>maraviroc</i>	6
<i>hydrochlorothiazide tab 100-12.5 mg</i>		<i>marlissa</i>	56
.....	26	MARPLAN	35
		MATULANE	15

<i>matzim la</i>	31	<i>metoprolol & hydrochlorothiazide tab</i>	
MAVYRET PAK 50-20MG.....	8	100-25 mg	30
MAVYRET TAB 100-40MG.....	8	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>meclizine hcl</i>	63	100-50 mg	30
<i>medroxyprogesterone acetate</i>	62	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>medroxyprogesterone acetate</i>		50-25 mg	30
(contraceptive).....	57	<i>metoprolol succinate</i>	30
<i>mefloquine hcl</i>	6	<i>metoprolol tartrate</i>	30
<i>megestrol acetate</i>	14, 62	<i>metronidazole</i>	4
<i>megestrol acetate (appetite)</i>	62	<i>metronidazole (topical)</i>	86
MEKINIST	20	<i>metronidazole vaginal</i>	66
MEKTOVI	20	<i>metyrosine</i>	32
<i>meleya</i>	57	<i>mibelas 24 fe</i>	57
<i>meloxicam</i>	1	<i>micafungin sodium</i>	5
<i>memantine hcl</i>	34	<i>microgestin 1.5/30</i>	57
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin 1/20</i>	57
24hr 14-10 mg	34	<i>microgestin fe 1.5/30</i>	57
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin fe 1/20</i>	57
24hr 21-10 mg	34	<i>midodrine hcl</i>	32
<i>memantine hcl-donepezil hcl cap er</i>		MIEBO	78
24hr 28-10 mg	34	<i>mifepristone (hyperglycemia)</i>	61
MENQUADFI	73	<i>mili</i>	57
MENVEO INJ	73	<i>mimvey</i>	59
MENVEO SOL	73	<i>minocycline hcl</i>	12
<i>mercaptapurine</i>	13	<i>minoxidil</i>	32
<i>meropenem</i>	4	<i>mirtazapine</i>	35
<i>mesalamine</i>	64	<i>misoprostol</i>	65
<i>mesalamine w/ cleanser</i>	64	M-M-R II INJ.....	73
<i>mesna</i>	15	M-NATAL PLUS TAB	75
<i>metformin hcl</i>	51	<i>modafinil</i>	49
<i>methadone hcl</i>	2	MODEYSO	15
<i>methadone hydrochloride i</i>	2	<i>moexipril hcl</i>	25
<i>methazolamide</i>	31	<i>molindone hcl</i>	39
<i>methenamine hippurate</i>	4	<i>mometasone furoate</i>	85
<i>methimazole</i>	62	<i>mometasone furoate (nasal)</i>	82
<i>methocarbamol</i>	48, 49	MONJUVI	20
<i>methotrexate sodium</i>	13, 71	<i>mono-linyah</i>	57
<i>methoxsalen rapid</i>	84	<i>montelukast sodium</i>	80
<i>methsuximide</i>	43	<i>morphine sulfate</i>	2
<i>methylphenidate hcl</i>	46	MOUNJARO.....	51
<i>methylprednisolone</i>	59	MOVANTIK	65
<i>methylprednisolone acetate</i>	60	<i>moxifloxacin hcl</i>	10
<i>methylprednisolone sod succ</i>	60	<i>moxifloxacin hcl (ophth)</i>	76
<i>metoclopramide hcl</i>	63	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>metolazone</i>	31	<i>sodium chloride 0.8% inj</i>	10
		MRESVIA.....	73

INDEX

MULTAQ	28	<i>nikki</i>	57
<i>multiple electrolytes ph 5.5</i>	75	<i>nilotinib hcl</i>	20
<i>mupirocin</i>	83	<i>nilutamide</i>	14
<i>mycophenolate mofetil</i>	72	<i>nimodipine</i>	31
<i>mycophenolate sodium</i>	72	NINLARO	21
MYRBETRIQ	66	<i>nintedanib esylate</i>	80
N		<i>nisoldipine</i>	31
<i>nabumetone</i>	1	<i>nitazoxanide</i>	4
<i>nadolol</i>	30	<i>nitisinone</i>	61
<i>nafticillin sodium</i>	11	<i>nitro-bid</i>	33
NAGLAZYME	61	<i>nitrofurantoin macrocrystal</i>	4
<i>naloxone hcl</i>	49	<i>nitrofurantoin monohyd macro</i>	4
<i>naltrexone hcl</i>	49	<i>nitroglycerin</i>	33
NAMZARIC CAP 7-10MG	34	<i>nitroglycerin (intra-anal)</i>	86
<i>naproxen</i>	1	<i>nizatidine</i>	63
<i>naproxen sodium</i>	1	<i>nora-be</i>	57
<i>naratriptan hcl</i>	47	<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	57
NATACYN	76	<i>norethindrone (contraceptive)</i>	57
<i>nateglinide</i>	51	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	57
NAYZILAM	43	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	57
<i>nebivolol hcl</i>	30	<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	57
<i>necon 0.5/35-28</i>	57	<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	57
<i>nefazodone hcl</i>	35	<i>norethindrone acetate</i>	62
<i>neomycin sulfate</i>	4	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	59
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> 76		<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	59
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> .. 76		<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	57
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	76	<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	57
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	76	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	57
<i>neomycin-polymyxin-hc ophth susp</i> .76		<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	57
<i>neomycin-polymyxin-hc otic soln 1%</i> 78		<i>norlyroc</i>	57
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	78	<i>nortrel 0.5/35 (28)</i>	57
NERLYNX	20	<i>nortrel 1/35 (21)</i>	57
<i>neuac</i>	83	<i>nortrel 1/35 (28)</i>	57
<i>nevirapine</i>	6	<i>nortrel 7/7/7</i>	57
NEXLETOL	29	<i>nortriptyline hcl</i>	35
NEXLIZET TAB 180/10MG	29		
NEXPLANON	57		
<i>niacin (antihyperlipidemic)</i>	29		
<i>nicardipine hcl</i>	31		
NICOTROL NS	49		
<i>nifedipine</i>	31		

NORVIR.....	6	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30	52	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NOVOLIN INJ 70/30 FP	52	27
NOVOLIN N.....	52	<i>olmesartan medoxomil-</i>	
NOVOLIN N FLEXPEN.....	52	<i>hydrochlorothiazide tab 40-25 mg</i>	27
NOVOLIN R.....	52	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN.....	52	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLOG.....	52	mg	27
NOVOLOG FLEXPEN.....	52	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN RELION	52	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG MIX INJ 70/30.....	52	mg	27
NOVOLOG MIX INJ FLEXPEN.....	52	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL	52	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLOG RELION	52	27
NUBEQA	14	<i>olmesartan-amlodipine-</i>	
NUDEXTA CAP 20-10MG.....	47	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NULOJIX.....	72	mg	27
NUPLAZID	39	<i>olmesartan-amlodipine-</i>	
NURTEC	47	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NUTRILIPID	76	27
NUZYRA	12	<i>olopatadine hcl (nasal)</i>	79
<i>nyamyc</i>	84	<i>omega-3-acid ethyl esters cap 1 gm</i>	29
<i>nylia 1/35</i>	57	<i>omeprazole</i>	65
<i>nylia 7/7/7</i>	57	OMNIPOD 5 DX KIT INT G7G6.....	52
<i>nystatin</i>	5	OMNIPOD 5 DX MIS POD G7G6	53
<i>nystatin (mouth-throat)</i>	87	OMNIPOD 5 L2 KIT INTRO G6	53
<i>nystatin (topical)</i>	84	OMNIPOD 5 L2 MIS PODS G6.....	53
<i>nystop</i>	84	OMNIPOD DASH KIT INTRO	53
o		OMNIPOD DASH MIS PODS.....	53
OCTAGAM.....	71	<i>ondansetron</i>	63
<i>octreotide acetate</i>	61	<i>ondansetron hcl</i>	63
ODEFSEY TAB	8	ONTRUZANT	21
ODOMZO	21	ONUREG	13
OFEV	80	OPIPZA	39
<i>ofloxacin (ophth)</i>	77	OPSUMIT	33
<i>ofloxacin (otic)</i>	78	ORGOVYX	14
OGIVRI	21	ORKAMBI GRA 100-125	81
OGSIVEO.....	21	ORKAMBI GRA 150-188	81
OJEMDA	21	ORKAMBI GRA 75-94MG.....	81
OJJAARA.....	21	ORKAMBI TAB 100-125	81
<i>olanzapine</i>	39	ORKAMBI TAB 200-125	81
<i>olmesartan medoxomil</i>	28	<i>orquidea</i>	57
<i>olmesartan medoxomil-</i>		ORSERDU.....	14
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>oseltamivir phosphate</i>	8
.....	26	OSPOMYV.....	53
		<i>oxacillin sodium</i>	11

INDEX

<i>oxaliplatin</i>	13	PENMENVY INJ.....	73
<i>oxaprozin</i>	1	PENTACEL INJ.....	73
<i>oxcarbazepine</i>	43	<i>pentamidine isethionate inh</i>	4
<i>oxybutynin chloride</i>	66	<i>pentamidine isethionate inj</i>	4
<i>oxycodone hcl</i>	2	<i>pentoxifylline</i>	68
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	3	<i>perampanel</i>	43
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	3	<i>perindopril erbumine</i>	25
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	3	<i>periogard</i>	87
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	3	<i>permethrin</i>	86
OZEMPIC (0.25 OR 0.5MG/DOSE)	51	<i>perphenazine</i>	39
OZEMPIC (1MG/DOSE)	51	<i>pfizerpen</i>	11
OZEMPIC (2MG/DOSE)	51	<i>phenelzine sulfate</i>	36
P		<i>phenobarbital</i>	43
<i>pacerone</i>	28	<i>phenobarbital sodium</i>	43
<i>paclitaxel</i>	15	<i>phenytek</i>	43
<i>paclitaxel inj 100mg</i>	15	<i>phenytoin</i>	43
<i>paliperidone</i>	39	<i>phenytoin sodium</i>	43
<i>pamidronate disodium</i>	53	<i>phenytoin sodium extended</i>	43
PAMIDRONATE DISODIUM	53	PHESGO SOL	21
PANRETIN.....	86	<i>philith</i>	57
<i>pantoprazole sodium</i>	65	PIFELTRO	6
PANZYGA.....	71	<i>pilocarpine hcl</i>	77
<i>paricalcitol</i>	62	<i>pilocarpine hcl (oral)</i>	87
<i>paroxetine hcl</i>	36	<i>pimecrolimus</i>	86
PAXLOVID PAK	9	<i>pimozide</i>	39
PAXLOVID TAB 150-100	9	<i>pimtrea</i>	57
PAXLOVID TAB 300-100	9	<i>pindolol</i>	30
<i>pazopanib hcl</i>	21	<i>pioglitazone hcl</i>	51
PEDIARIX INJ 0.5ML.....	73	<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i>	51
PEDVAX HIB.....	73	<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i>	51
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	64	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	11
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	64	<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i>	11
PEGASYS	9	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	11
PEMAZYRE	21	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	11
<i>pemetrexed disodium</i>	13	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	12
PENBRAYA INJ.....	73	PIQRAY 200MG DAILY DOSE.....	21
<i>penicillamine</i>	54	PIQRAY 250MG TAB DOSE.....	21
<i>penicillin g potassium</i>	11	PIQRAY 300MG DAILY DOSE.....	21
<i>penicillin g sodium</i>	11	<i>pirfenidone</i>	81
<i>penicillin v potassium</i>	11		

<i>piroxicam</i>	1	PRIMAQUINE PHOSPHATE	6
<i>pitavastatin calcium</i>	29	<i>primidone</i>	43
<i>plenamine</i>	76	PRIORIX INJ	73
PLENVU SOL	64	PRIVIGEN.....	71
<i>podofilox</i>	86	<i>probenecid</i>	1
<i>polymyxin b sulfate</i>	4	<i>prochlorperazine</i>	63
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%.....	77	<i>prochlorperazine edisylate</i>	63
<i>pomalidomide</i>	14	<i>prochlorperazine maleate</i>	63
POMALYST	14	PROCRIT	67
<i>portia-28</i>	58	<i>proctocort</i>	86
<i>posaconazole</i>	5	<i>procto-med hc</i>	86
POT CHL 20MEQ/L IN NAACL 0.45% INJ	75	<i>proctosol hc</i>	86
POT CHL 20MEQ/L IN NAACL 0.9% INJ	75	<i>proctozone-hc</i>	86
POT CHL 40MEQ/L IN NAACL 0.9% INJ	75	<i>progesterone</i>	62
<i>potassium chloride</i>	75	PROGRAF	72
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	75	PROLASTIN-C	81
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	75	PROLIA	53
<i>potassium citrate (alkalinizer)</i>	66	<i>promethazine hcl</i>	63
<i>pramipexole dihydrochloride</i>	37	<i>propafenone hcl</i>	28
<i>prasugrel hcl</i>	68	<i>proparacaine hcl</i>	78
<i>pravastatin sodium</i>	29	<i>propranolol hcl</i>	30
<i>praziquantel</i>	4	<i>propylthiouracil</i>	62
<i>prazosin hcl</i>	26	PROQUAD INJ	73
<i>prednisolone</i>	60	PROSOL INJ 20%	76
<i>prednisolone acetate (ophth)</i>	77	<i>protriptyline hcl</i>	36
PREDNISOLONE SODIUM PHOSP.....	77	PULMOZYME	81
<i>prednisolone sodium phosphate</i>	60	<i>pyrazinamide</i>	8
<i>prednisone</i>	60	<i>pyridostigmine bromide</i>	47
PREDNISONO INTENSOL	60	<i>pyrimethamine</i>	4
<i>pregabalin</i>	43	PYZCHIVA	69
PREMASOL SOL 10%.....	76	Q	
PRENATAL TAB 27-1MG	75	QINLOCK	21
PRENATAL TAB PLUS	75	QUADRACEL INJ 0.5ML	73
<i>prevalite</i>	29	<i>quetiapine fumarate</i>	39
PREVMIS.....	9	<i>quinapril hcl</i>	25
PREZCOBIX TAB 675/150	8	<i>quinidine sulfate</i>	28
PREZCOBIX TAB 800-150	8	<i>quinine sulfate</i>	6
PREZISTA	6	QULIPTA	47
PRIFTIN.....	8	R	
<i>primaquine phosphate</i>	6	RABAVERT INJ	73
		<i>rabeprazole sodium</i>	65
		RALDESY.....	36
		<i>raloxifene hcl</i>	61
		<i>ramelteon</i>	46
		<i>ramipril</i>	25
		<i>ranolazine</i>	32

INDEX

<i>rasagiline mesylate</i>	37	<i>roweepra</i>	43
<i>reclipsen</i>	58	ROZLYTREK.....	22
RECOMBIVAX HB	73	RUBRACA.....	22
RELENZA DISKHALER.....	9	<i>rufinamide</i>	43, 44
RELISTOR.....	65	RUKOBIA	7
REMICADE.....	69	RYBELSUS.....	51
RENFLEXIS	69	RYDAPT	22
<i>repaglinide</i>	51	S	
REPATHA	29	<i>sacubitril-valsartan tab 24-26 mg</i>	27
REPATHA SURECLICK	29	<i>sacubitril-valsartan tab 49-51 mg</i>	27
RESTASIS.....	78	<i>sacubitril-valsartan tab 97-103 mg</i> ..	27
RESTASIS MULTIDOSE	78	<i>sajazir</i>	68
RETEVMO	21	SANTYL.....	86
REVCIVI	61	<i>sapropterin dihydrochloride</i>	61
REVUFORJ	21	SCSEMBLIX.....	22
REXULTI.....	39	<i>scopolamine</i>	63
REYATAZ	7	SECUADO.....	40
REZDIFFRA	61	<i>selegiline hcl</i>	37
REZLIDHIA	21	<i>selenium sulfide</i>	84
REZUROCK	72	SELZENTRY	7
RHOPRESSA.....	77	SEREVENT DISKUS.....	80
<i>ribavirin (hepatitis c)</i>	9	<i>sertraline hcl</i>	36
<i>rifabutin</i>	8	<i>setlakin</i>	58
<i>rifampin</i>	8	<i>sharobel</i>	58
<i>rilpivirine hcl</i>	7	SHINGRIX	73
<i>riluzole</i>	47	SIGNIFOR	61
<i>rimantadine hydrochloride</i>	9	SIKLOS.....	68
RINVOQ	69	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	33
RINVOQ LQ.....	69	<i>silodosin</i>	66
<i>risedronate sodium</i>	53	<i>silver sulfadiazine</i>	83
<i>risperidone</i>	39, 40	SIMBRINZA SUS 1-0.2%	77
<i>risperidone microspheres</i>	40	<i>simliya</i>	58
<i>ritonavir</i>	7	<i>simpesse</i>	58
<i>rivaroxaban</i>	67	<i>simvastatin</i>	29
<i>rivastigmine</i>	34	<i>sirolimus</i>	72
<i>rivastigmine tartrate</i>	34	SIRTURO.....	8
<i>rivelsa</i>	58	SKYRIZI.....	69, 70
<i>rizatriptan benzoate</i>	47	SKYRIZI PEN	70
ROCKLATAN DRO.....	77	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	64
<i>roflumilast</i>	81	<i>sodium chloride</i>	75
ROMVIMZA	21	<i>sodium chloride (gu irrigant)</i>	86
<i>ropinirole hydrochloride</i>	37	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	75
<i>rosuvastatin calcium</i>	29	<i>sodium oxybate</i>	49
<i>rosyrah</i>	58		
ROTARIX SUS	73		
ROTATEQ SOL.....	73		

<i>sodium phenylbutyrate</i>	61	<i>sulindac</i>	1
<i>sodium polystyrene sulfonate</i>	54	<i>sumatriptan</i>	47
<i>sodium polystyrene sulfonate powder</i>	54	<i>sumatriptan succinate</i>	47
<i>solifenacin succinate</i>	66	<i>sunitinib malate</i>	22
SOLIQUA INJ 100/33.....	53	SUNLENCA.....	7
SOLTAMOX.....	14	<i>syeda</i>	58
SOLU-CORTEF.....	60	SYMDEKO TAB 100-150.....	81
SOMATULINE DEPOT.....	61	SYMDEKO TAB 50-75MG.....	81
SOMAVERT.....	61	SYMPAZAN.....	44
<i>sorafenib tosylate</i>	22	SYMTUZA TAB.....	8
<i>sotalol hcl</i>	28	SYNAREL.....	61
<i>sotalol hcl (afib/af)</i>	28	SYNTHROID.....	62
SOTYKTU.....	70	T	
SPIRIVA RESPIMAT.....	79	TABLOID.....	13
<i>spironolactone</i>	25	TABRECTA.....	22
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	31	<i>tacrolimus</i>	72
<i>sprintec 28</i>	58	<i>tacrolimus (topical)</i>	86
SPRITAM.....	44	<i>tadalafil</i>	66
<i>sps</i>	54	<i>tadalafil (pulmonary hypertension)</i> ..	33
<i>sps rectal</i>	54	TAFINLAR.....	22
<i>sronyx</i>	58	TAGRISSO.....	22
<i>ssd</i>	83	TALZENNA.....	22
STELARA.....	70	<i>tamoxifen citrate</i>	14
STIVARGA.....	22	<i>tamsulosin hcl</i>	66
<i>streptomycin sulfate</i>	4	<i>tarina 24 fe</i>	58
STRIBILD TAB.....	8	<i>tarina fe 1/20 eq</i>	58
<i>subvenite</i>	44	<i>tasimelteon</i>	46
SUBVENITE.....	44	TAVNEOS.....	68
<i>sucralfate</i>	65	<i>tazarotene</i>	84
<i>sulfacetamide sodium (acne)</i>	83	<i>tazicef</i>	10
<i>sulfacetamide sodium (ophth)</i>	77	TECENTRIQ.....	22
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	76	TECENTRIQ INJ HYBREZA.....	22
<i>sulfadiazine</i>	4	TEFLARO.....	10
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	4	<i>telmisartan</i>	28
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 40-10 mg</i>	27
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	4	<i>telmisartan-amlodipine tab 40-5 mg</i>	27
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	4	<i>telmisartan-amlodipine tab 80-10 mg</i>	27
SULFAMYLON.....	83	<i>telmisartan-amlodipine tab 80-5 mg</i>	27
<i>sulfasalazine</i>	64	<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	27
		<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	27
		<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	27

INDEX

<i>temazepam</i>	46	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	61
TENIVAC INJ 5-2LF	73	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	62
<i>tenofovir disoproxil fumarate</i>	7	<i>topiramate</i>	44
TEPMETKO	22	<i>toremifene citrate</i>	14
<i>terazosin hcl</i>	26	<i>torpenz</i>	22
<i>terbinafine hcl</i>	5	<i>torseamide</i>	31
<i>terbutaline sulfate</i>	80	TOUJEO MAX SOLOSTAR	53
<i>terconazole vaginal</i>	66	TOUJEO SOLOSTAR	53
<i>teriparatide</i>	53	TPN ELECTROL INJ	75
TERIPARATIDE	53	TRADJENTA	51
<i>testosterone</i>	50	<i>tramadol hcl</i>	3
<i>testosterone cypionate</i>	50	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	3
<i>testosterone enanthate</i>	50	<i>trandolapril</i>	25
<i>testosterone pump</i>	50	<i>tranexamic acid</i>	68
<i>tetrabenazine</i>	48	<i>tranylcypromine sulfate</i>	36
<i>tetracycline hcl</i>	12	TRAVASOL INJ 10%.....	76
THALOMID	14, 15	<i>travoprost</i>	78
<i>theophylline</i>	81	TRAZIMERA	22
<i>thioridazine hcl</i>	40	<i>trazodone hcl</i>	36
<i>thiothixene</i>	40	TRELEGY AER ELLIPTA 100-62.5-25 MCG	78
<i>tiadylt er</i>	31	TRELEGY AER ELLIPTA 200-62.5-25 MCG	78
<i>tiagabine hcl</i>	44	TREMFYA	70
TIBSOVO	22	TREMFYA INDUCTION PACK FO	70
<i>ticagrelor</i>	68	TREMFYA PEN	70
TICOVAC	73	<i>treprostinil</i>	33
<i>tigecycline</i>	12	<i>tretinoin</i>	83
<i>tilia fe</i>	58	<i>tretinoin (chemotherapy)</i>	15
<i>timolol maleate</i>	30	<i>triamcinolone acetonide (mouth)</i>	87
<i>timolol maleate (ophth)</i>	77	<i>triamcinolone acetonide (topical)</i>	85
<i>tinidazole</i>	4	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	31
TIVICAY	7	<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	31
TIVICAY PD.....	7	<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	31
<i>tizanidine hcl</i>	49	<i>tridacaine ii</i>	86
TOBI PODHALER	5	<i>triderm</i>	85
TOBRADEX OIN 0.3-0.1%	76	<i>trientine hcl</i>	54
<i>tobramycin</i>	5	<i>tri-estarylla</i>	58
<i>tobramycin (ophth)</i>	77	<i>trifluoperazine hcl</i>	40
<i>tobramycin sulfate</i>	5	<i>trifluridine</i>	77
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	76		
<i>tolterodine tartrate</i>	66		
<i>tolvaptan</i>	61		
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	61		
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	61		

<i>trihexyphenidyl hcl</i>	37	TYPHIM VI.....	73
TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	51	U	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....	51	UBRELVY.....	47
TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	51	<i>unithroid</i>	62
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG.....	51	UPTRAVI.....	33
TRIKAFTA PAK 59.5MG.....	81	UPTRAVI PACK TAB 200/800.....	33
TRIKAFTA PAK 75MG.....	81	<i>ursodiol</i>	65
TRIKAFTA TAB 100-50-75MG & 150MG.....	81	USTEKINUMAB.....	70
TRIKAFTA TAB 50-25-37.5MG & 75MG.....	81	V	
<i>tri-legest fe</i>	58	<i>valacyclovir hcl</i>	9
<i>tri-linyah</i>	58	VALCHLOR.....	86
<i>tri-lo-estarylla</i>	58	<i>valganciclovir hcl</i>	9
<i>tri-lo-marzia</i>	58	<i>valproate sodium</i>	44
<i>tri-lo-mili</i>	58	<i>valproic acid</i>	44
<i>tri-lo-sprintec</i>	58	<i>valsartan</i>	28
<i>trimethoprim</i>	5	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	27
<i>tri-mili</i>	58	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	27
<i>trimipramine maleate</i>	36	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27
TRINTELLIX.....	36	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27
<i>tri-sprintec</i>	58	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27
TRIUMEQ PD TAB.....	8	VALTOCO 10 MG DOSE.....	44
TRIUMEQ TAB.....	8	VALTOCO 15 MG DOSE.....	44
<i>tri-vylibra</i>	58	VALTOCO 20 MG DOSE.....	44
<i>tri-vylibra lo</i>	58	VALTOCO 5 MG DOSE.....	44
TROGARZO.....	7	<i>valtya 1/35</i>	58
TROPHAMINE INJ 10%.....	76	<i>valtya 1/50</i>	58
<i>tropium chloride</i>	66	<i>vancomycin hcl</i>	5
TRULICITY.....	51	VANCOMYCIN INJ 1 GM.....	5
TRUMENBA.....	73	VANCOMYCIN INJ 500MG.....	5
TRUQAP.....	22, 23	VANCOMYCIN INJ 750MG.....	5
TRUXIMA.....	23	VANFLYTA.....	23
TUKYSA.....	23	VAQTA.....	73
TURALIO.....	23	<i>varenicline tartrate</i>	49
<i>turqoz</i>	58	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	49
<i>twice-daily clindamycin phosphate (topical)</i>	83	VARIVAX.....	73
TWINRIX INJ.....	73	VASCEPA.....	29
TYBOST.....	7	VAXCHORA SUS.....	73
<i>tydemy</i>	58	<i>velivet</i>	58
TYENNE.....	70	VELSIPITY.....	70
		VENCLEXTA.....	23

INDEX

VENCLEXTA TAB START PK	23	WINREVAIR INJ 60MG.....	33
<i>venlafaxine hcl</i>	36	<i>wixela inhub</i>	83
VENTOLIN HFA	80	<i>wymzya fe</i>	58
VENTOLIN HFA (INSTITUTIONAL PACK)	80	WYOST	53
<i>verapamil hcl</i>	31	X	
VERQUVO	33	XALKORI	23
VERSACLOZ	40	<i>xarah fe</i>	58
VERZENIO	23	XARELTO	67
<i>vestura</i>	58	XARELTO STAR TAB 15/20MG	67
<i>vienna</i>	58	XATMEP	71
<i>vigabatrin</i>	44	XCOPRI.....	44
<i>vigadrone</i>	44	XCOPRI PAK 100-150	44
VIGAFYDE.....	44	XCOPRI PAK 12.5-25	44
<i>vilazodone hcl</i>	36	XCOPRI PAK 150-200MG (MAINTENANCE).....	44
VIMKUNYA.....	73	XCOPRI PAK 150-200MG (TITRATION)	45
<i>vincristine sulfate</i>	15	XCOPRI PAK 50-100MG.....	44
<i>vinorelbine tartrate</i>	15	XDEMVY.....	77
<i>viorele</i>	58	XELJANZ	70
VIRACEPT	7	XELJANZ XR	70
VIREAD	7	<i>xelria fe</i>	58
VITRAKVI	23	XERMELO	65
VIVIMUSTA	13	XHANCE.....	82
VIVITROL	50	XIFAXAN	65
VIVOTIF CAP EC	73	XIGDUO XR TAB 10-1000	51
VIZIMPRO.....	23	XIGDUO XR TAB 10-500MG	51
VONJO	23	XIGDUO XR TAB 2.5-1000	51
VOQUEZNA PAK DUAL PAK.....	65	XIGDUO XR TAB 5-1000MG	51
VOQUEZNA PAK TRIP PK.....	65	XIGDUO XR TAB 5-500MG	51
VORANIGO	23	XIIDRA	78
<i>voriconazole</i>	5	XOLAIR.....	81
VOSEVI TAB.....	9	XOSPATA	23
VOWST CAP	65	XPOVIO PAK (100 MG ONCE WEEKLY)	24
VRAYLAR	40	XPOVIO PAK (40 MG ONCE WEEKLY)	23
<i>vyfemla</i>	58	XPOVIO PAK (40 MG TWICE WEEKLY)	23
<i>vylibra</i>	58	XPOVIO PAK (60 MG ONCE WEEKLY)	24
VYZULTA	78	XPOVIO PAK (60 MG TWICE WEEKLY)	24
W		XPOVIO PAK (80 MG ONCE WEEKLY)	24
<i>warfarin sodium</i>	67	XPOVIO PAK (80 MG TWICE WEEKLY)	24
<i>water for irrigation, sterile irrigation soln</i>	86	XTANDI	14
WELIREG	15	XTRENBO	53
<i>wera</i>	58		
WESTAB PLUS TAB 27-1MG.....	75		
WINREVAIR	33		
WINREVAIR INJ 45MG	33		

<i>xulane</i>	58	ZENPEP CAP 40000UNT.....	65
XULTOPHY INJ 100/3.6.....	53	ZENPEP CAP 5000UNIT.....	65
Y		ZENPEP CAP 60000UNT.....	65
YESINTEK.....	70, 71	ZERVIATE.....	77
YF-VAX INJ.....	73	<i>zidovudine</i>	7
YONSA.....	14	<i>ziprasidone hcl</i>	40
YUTREPIA.....	33, 34	<i>ziprasidone mesylate</i>	40
<i>yuvaferm</i>	59	ZIRABEV.....	24
Z		ZIRGAN.....	77
<i>zafemy</i>	58	<i>zoledronic acid</i>	53
<i>zafirlukast</i>	80	ZOLINZA.....	24
ZARXIO.....	67	<i>zolpidem tartrate</i>	46
ZEGALOGUE.....	60	ZONISADE.....	45
ZEJULA.....	24	<i>zonisamide</i>	45
ZELBORAF.....	24	<i>zovia 1/35</i>	58
<i>zelvysia</i>	62	ZTALMY.....	45
ZEMAIRA.....	82	<i>zumandimine</i>	58
<i>zenatane</i>	83	ZURZUVAE.....	36
ZENPEP CAP 10000UNT.....	65	ZYDELIG.....	24
ZENPEP CAP 15000UNT.....	65	ZYKADIA.....	24
ZENPEP CAP 20000UNT.....	65	ZYLET SUS 0.5-0.3%.....	76
ZENPEP CAP 25000UNT.....	65	ZYPITAMAG.....	29
ZENPEP CAP 3000UNIT.....	65	ZYPREXA RELPREVV.....	40



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English (English)

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-633-1542 (TTY: 711) or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-633-1542 (TTY: 711) o hable con su proveedor.

中文 (Traditional Chinese)

注意：如果您說中文 (Chinese)，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-633-1542 (TTY : 711) 或與您的提供者討論。

中文 (Simplified Chinese)

注意：如果您說中文 (Chinese)，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-633-1542 (文本电话：711) 或咨询您的服务提供商。

한국어 (Korean)

주의: 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-633-1542 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt (Vietnamese), chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-633-1542 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-633-1542 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-633-1542 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Français (French)

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-633-1542 (TTY : 711) ou parlez à votre fournisseur.

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-633-1542 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Tagalog (Tagalog)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-633-1542 (TTY: 711) o makipag-usap sa iyong provider.

हिंदी (Hindi)

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

ລາວ (Lao)

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

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 sağlayıcımızla 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, no matter what cost-sharing tier it's on or the phase of coverage you're in.