



# Formulary

**2025** List of Covered Drugs  
or "Drug List"

**PLEASE READ. THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED IN THIS PLAN.**

**This formulary was updated on 08/20/2025.**  
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](http://www.VivaHealth.com/Medicare).

**VIVA MEDICARE Plus**  
(HMO)

**VIVA MEDICARE Prime**  
(HMO)

**VIVA MEDICARE Premier**  
(HMO)

| **VIVA MEDICARE CLASSIC** (HMO)

| **VIVA MEDICARE INFIRMARY**  
HEALTH ADVANTAGE (HMO)

**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.

## 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 Plus.....	pg. VII
VIVA MEDICARE Prime.....	pg. VIII
VIVA MEDICARE Premier .....	pg. IX
VIVA MEDICARE Classic .....	pg. X
VIVA MEDICARE Infirmary Health Advantage .....	pg. XI
Formulary .....	pg. 1
Index.....	pg. 86

## Introduction

### Note to existing members:

This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE Plus, VIVA MEDICARE Prime, VIVA MEDICARE Premier, VIVA MEDICARE Classic, or VIVA MEDICARE Infirmary Health Advantage.

**This document includes a Drug List (formulary) for our plan which is current as of 09/01/2025.** 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, 2026, 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](http://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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 09/01/2025.** 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](http://www.VivaHealth.com/Medicare).

## How do I use the Formulary?

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

- ◆ **Medical Condition.** The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.
- ◆ **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the **Index that begins on page 86.** The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

VIVA MEDICARE covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These

requirements and limits may include:

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

## 2025 VIVA MEDICARE FORMULARY

### INTRODUCTION

written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a current member and have a level of care change (for example, you are going home from a long-term care facility, a hospital admission, etc.), notify your pharmacist of your level of care change. For each of your drugs that are not on our formulary or if your ability to get your drugs is limited, we may cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 31-day supply runs out, you should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. After your temporary 31-day supply, we will not pay for drugs that are not on the formulary or have additional requirements or limits on coverage.

### For more information:

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

If you have questions about VIVA MEDICARE, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare

prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

### VIVA MEDICARE's Formulary

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

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

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

**“PA”** means the drug requires Prior Authorization.

**“QL”** means there is a quantity limit on the drug.

**“NM”** means the drug is *not* available at mail order.

**“ST”** means the drug requires step therapy.

**“LA”** means the drug has limited access and can only be dispensed by designated pharmacies.

**“B/D”** means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.



# 2025 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 90-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: \$300** 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 \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-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:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	(Preferred & Standard Cost Sharing)
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	Not Available

## 2025 Copayments (the amount you pay) for Prescription Drugs

### VIVA MEDICARE Prime (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 90-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 Prime 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 Prime 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 \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
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)	41%	41%	41%	41%
Tier 5 (Specialty Drugs)	30%	Not Available	Not Available	Not Available

**III. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available



# 2025 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 90-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: \$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 \$2,000.

	Preferred Cost Sharing		Standard Cost Sharing	
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-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)	47%	47%	47%	47%
Tier 5 (Specialty Drugs)	31%	Not Available	Not Available	Not Available

**III. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$2,000.

	(Preferred & Standard Cost Sharing)		
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available



# 2025 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 90-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: \$300** 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 \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
			Preferred Cost Sharing	Standard Cost Sharing
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)	45%	45%	45%	45%
Tier 5 (Specialty Drugs)	29%	Not Available	Not Available	Not Available

**III. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
			(Preferred & Standard Cost Sharing)
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available



# 2025 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 90-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: \$0** The amount you pay before the coverage starts.

**II. Initial Coverage Phase:** You pay the cost sharing below until your out-of-pocket costs reach \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-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)	46%	46%	46%	46%
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

**III. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$2,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	(Preferred & Standard Cost Sharing)
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available	Not Available

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	2	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
<i>MITIGARE</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
<b>MISCELLANEOUS</b>		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>OPIOID ANALGESICS, LONG-ACTING</i></b>		
<i>fentanyl PT72</i> 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	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	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
<b><i>OPIOID ANALGESICS, SHORT-ACTING</i></b>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	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	2	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	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	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml		4	
<i>oxycodone hcl</i> CONC 100mg/5ml		2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml		2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg		2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>		2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>		2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>		2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>		2	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg		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</i> TABS 200mg	5	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
<i>ARIKAYCE</i> SUSP 590mg/8.4ml	5	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	2	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	2	
<i>CAYSTON</i> SOLR 75mg	5	NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	2	
<i>CLINDMYC/NAC INJ</i> 300/50ML	4	
<i>CLINDMYC/NAC INJ</i> 600/50ML	4	
<i>CLINDMYC/NAC INJ</i> 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	
<i>dapsone</i> TABS 25mg, 100mg	2	
<i>DAPTOMYCIN</i> SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
<i>EMVERM</i> CHEW 100mg	5	QL (12 tabs / year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>IMPAVIDO CAPS 50mg</i>	5	PA
<i>ivermectin TABS 3mg</i>	2	QL (12 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	2	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<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>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>polymyxin b sulfate SOLR 500000unit</i>	2	
<i>praziquantel TABS 600mg</i>	2	
<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>	2	
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	2	
<i>TOBI PODHALER CAPS 28mg</i>	5	NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
<i>trimethoprim TABS 100mg</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	2	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	2	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	2	
<i>VANCOMYCIN INJ 1 GM</i>	4	
<i>VANCOMYCIN INJ 500MG</i>	4	
<i>VANCOMYCIN INJ 750MG</i>	4	
<b>ANTIFUNGALS</b>		
<i>ABELCET SUSP 5mg/ml</i>	4	B/D
<i>amphotericin b SOLR 50mg</i>	2	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	2	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	2	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	2	
<i>itraconazole CAPS 100mg</i>	2	PA
<i>ketoconazole TABS 200mg</i>	2	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	2	
<i>nystatin TABS 500000unit</i>	2	
<i>posaconazole SUSP 40mg/ml</i>	5	QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole SOLR 200mg</i>	2	PA
<i>voriconazole SUSR 40mg/ml</i>	5	QL (600 mL / 28 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
voriconazole TABS 50mg	2	QL (480 tabs / 30 days)
voriconazole TABS 200mg	2	QL (120 tabs / 30 days)

**ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2
<i>chloroquine phosphate TABS 250mg, 500mg</i>	2
COARTEM TAB 20-120MG	4
<i>mefloquine hcl TABS 250mg</i>	2
<i>primaquine phosphate TABS 26.3mg</i>	2
PRIMAQUINE PHOSPHATE TABS 26.3mg	3
<i>quinine sulfate CAPS 324mg</i>	2 PA

**ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	2	NM
<i>APTIVUS CAPS 250mg</i>	5	NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	2	NM
<i>darunavir TABS 600mg</i>	5	QL (60 tabs / 30 days), NM
<i>darunavir TABS 800mg</i>	5	QL (30 tabs / 30 days), NM
<i>EDURANT TABS 25mg</i>	5	NM
<i>EDURANT PED TBSO 2.5mg</i>	5	NM
<i>efavirenz TABS 600mg</i>	2	NM
<i>emtricitabine CAPS 200mg</i>	2	NM
<i>EMTRIVA SOLN 10mg/ml</i>	4	NM
<i>etravirine TABS 100mg, 200mg</i>	5	NM
<i>fosamprenavir calcium TABS 700mg</i>	5	NM
<i>FUZEON SOLR 90mg</i>	5	NM
<i>INTELENCE TABS 25mg</i>	4	NM
<i>ISENTRESS CHEW 25mg</i>	4	NM
<i>ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg</i>	5	NM
<i>ISENTRESS HD TABS 600mg</i>	5	NM
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	2	NM
<i>maraviroc TABS 150mg, 300mg</i>	5	NM
<i>nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg</i>	2	NM
<i>NORVIR PACK 100mg</i>	4	NM
<i>PIFELTRO TABS 100mg</i>	5	NM
<i>PREZISTA SUSP 100mg/ml</i>	5	QL (400 mL / 30 days), NM

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
ritonavir TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NM
tenofovir disoproxil fumarate TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 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
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

**ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	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>	5	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>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	5	NM

#### **ANTITUBERCULAR AGENTS**

<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NM, PA
TRECATOR TABS 250mg	4	

#### **ANTIVIRALS**

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	2	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
<i>entecavir TABS .5mg, 1mg</i>	2	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>	2	
<i>ganciclovir sodium SOLR 500mg</i>	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	2	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>	2	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate SUSR 6mg/ml</i>	2	QL (1080 mL / year)
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) CAPS 200mg; TABS 200mg</i>	2	NM
<i>rimantadine hydrochloride TABS 100mg</i>	2	
<i>valacyclovir hcl TABS 1gm, 500mg</i>	2	
<i>valganciclovir hcl SOLR 50mg/ml</i>	5	
<i>valganciclovir hcl TABS 450mg</i>	2	
VOSEVI TAB	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor CAPS 250mg, 500mg</i>	2	
<i>cefadroxil CAPS 500mg</i>	1	
<i>cefadroxil SUSR 250mg/5ml, 500mg/5ml</i>	2	
<i>CEFAZOLIN SOLR 2gm, 3gm</i>	4	
<i>CEFAZOLIN INJ 1GM/50ML</i>	4	
<i>cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg</i>	2	
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	4	
<i>CEFAZOLIN/DEX SOL 1GM/50ML-4%</i>	4	
<i>CEFAZOLIN/DEX SOL 2GM/50ML-3%</i>	4	
<i>CEFAZOLIN/DEX SOL 3GM/50ML-2%</i>	4	
<i>CEFAZOLIN/DEX SOL 3GM/150ML-4%</i>	4	
<i>cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime hcl SOLR 1gm, 2gm</i>	2	
<i>cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml</i>	2	
<i>cefotetan disodium SOLR 1gm, 2gm</i>	2	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2
<i>cefodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2
<i>ceprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2
<i>cephalexin</i> CAPS 250mg, 500mg	1
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2
<i>TEFLARO</i> SOLR 400mg, 600mg	5
<b><i>ERYTHROMYCINS/MACROLIDES</i></b>	
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	5
<i>e.e.s. 400</i> TABS 400mg	2
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2
<i>ERYTHROCIN LACTOBIONATE</i> SOLR 500mg	4
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2
<i>erythromycin ethylsuccinate</i> TABS 400mg	2
<i>erythromycin lactobionate</i> SOLR 500mg	2
<b><i>FLUOROQUINOLONES</i></b>	
<i>CIPRO</i> SUSR 500mg/5ml	4
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1
<i>levofloxacin</i> SOLN 25mg/ml	2
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2
<i>moxifloxacin hcl</i> TABS 400mg	2

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<b>PENICILLINS</b>		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pzierpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

#### **TETRACYCLINES**

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

#### **ANTINEOPLASTIC AGENTS**

##### **ALKYLATING AGENTS**

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

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
VIVIMUSTA SOLN 100mg/4ml	5	B/D, NM
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	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	2	
<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
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	5	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<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	2	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	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	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	2	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
<b>IMMUNOMODULATORS</b>		
<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
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	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	2	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	5	NM
<i>tretinooin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> CONC 20mg/ml	2	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	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	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	2	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (150 caps / 25 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
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 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
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	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
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	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUWICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUWICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUWICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUWICA 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
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
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 200 PAK FEMARA	5	QL (49 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
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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 50mg	5	QL (180 tabs / 30 days), 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
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 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
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
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCEMBLIX 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

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
sunitinib malate 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 (900 tabs / 30 days), NM, PA
TAGRISSO 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
TASIGNA CAPS 50mg		5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg		5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg		5	QL (240 tabs / 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
torpenz 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
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

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	5	QL (240 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
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 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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

### **PROTECTIVE AGENTS**

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>mesna</i> TABS 400mg	5	
<i>MESNEX</i> TABS 400mg	5	

### **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 &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
<b>ACE INHIBITORS</b>		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
eplerenone TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBYCLOR TAB 40-12.5</i>	4	QL (30 tabs / 30 days), ST
<i>EDARBYCLOR TAB 40-25MG</i>	4	QL (30 tabs / 30 days), ST
<i>ENTRESTO CAP 6-6MG</i>	3	QL (240 caps / 30 days)
<i>ENTRESTO CAP 15-16MG</i>	3	QL (240 caps / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	3	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	3	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartanhydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartanhydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartanhydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
candesartancilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartancilexetil TABS 32mg	1	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)

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

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	
colesevelam hcl PACK 3.75gm; TABS 625mg	2	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	2	
ezetimibe TABS 10mg	2	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	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)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	2	PA
prevalite PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
<b>BETA-BLOCKERS</b>		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol TABS 25mg, 50mg, 100mg	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	2
<i>nebivolol hcl</i> TABS 20mg	2
<i>pindolol</i> TABS 5mg, 10mg	2
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2

#### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2
<i>isradipine</i> CAPS 2.5mg, 5mg	2
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2
<i>nimodipine</i> CAPS 30mg	2
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; <i>SOLN</i> 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride &amp; hydrochlorothiazide</i> tab 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<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	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone &amp; hydrochlorothiazide</i> tab 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide</i> cap 37.5-25 mg	1	
<i>triamterene &amp; hydrochlorothiazide</i> tab 37.5-25 mg	1	
<i>triamterene &amp; hydrochlorothiazide</i> tab 75- 50 mg	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	2	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA applies if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	2	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	2	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	5	NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	2	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days), PA
<b>NITRATES</b>		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>alyq TABS 20mg</i>	5	QL (60 tabs / 30 days), NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>OPSUMIT</i> TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
<i>treprostинil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
<i>YUTREPIA</i> CAPS 26.5mcg, 53mcg, 79.5mcg	5	QL (140 caps / 28 days), NM, PA
<i>YUTREPIA</i> CAPS 106mcg	5	QL (224 caps / 28 days), NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTIANXIETY**

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

### **ANTIDEMENTIA**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<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	2	
<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	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
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	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
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	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	2	
<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	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<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	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	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
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
carb/levo orally disintegrating tab 10-100mg	2	
carb/levo orally disintegrating tab 25-100mg	2	
carb/levo orally disintegrating tab 25-250mg	2	
carbidopa TABS 25mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
entacapone TABS 200mg	2	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
rasagiline mesylate TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
selegiline hcl CAPS 5mg; TABS 5mg	2	
trihexyphenidyl hcl SOLN .4mg/ml	3	PA; PA applies if 70 years and older
trihexyphenidyl hcl TABS 2mg, 5mg	2	PA; PA applies if 70 years and older
<b>ANTIPSYCHOTICS</b>		
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)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY MAINTENA SRER 300mg, 400mg		5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml		2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg		2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg		2	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)
ARISTADA INITIO PRSY 675mg/2.4ml		5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg		2	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		2	
<i>clozapine</i> TABS 25mg, 50mg		2	
<i>clozapine</i> TABS 100mg		2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg		2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg		2	PA
<i>clozapine</i> TBDP 100mg		2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg		2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg		2	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG		5	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG		5	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG		5	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK		5	QL (2 packs / year), PA
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 C		4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml		2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg		2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg		2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml		2	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol lactate</i>	CONC 2mg/ml; SOLN 5mg/ml	2	
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)
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	2	
<i>lurasidone hcl</i>	TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i>	TABS 80mg	2	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	2	
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	2	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	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i>	TBDP 10mg	2	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	2	QL (30 tabs / 30 days)
<i>paliperidone</i>	TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i>	TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i>	TABS 1mg, 2mg	2	
<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	2	QL (60 tabs / 30 days), PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate</i> TB24 150mg, 200mg		2	QL (30 tabs / 30 days), PA
<i>REXULTI</i> TABS 3mg, 4mg		5	QL (30 tabs / 30 days)
<i>REXULTI</i> TABS .25mg, .5mg, 1mg, 2mg		5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml		2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg		1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg		2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg		2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg		2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg		2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg		5	QL (2 injections / 28 days)
<i>SECUADO</i> 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		2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg		2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg		2	
<i>VERSACLOZ</i> SUSP 50mg/ml		5	QL (600 mL / 30 days), PA
<i>VRAYLAR</i> CAPS 1.5mg		5	QL (60 caps / 30 days)
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg		5	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg		2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg		2	QL (6 injections / 3 days)

**ANTISEIZURE AGENTS**

<i>APTIOM</i> TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
<i>APTIOM</i> TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
<i>BRIVIACT</i> SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	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	2	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	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	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; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
<i>FINTEPLA</i> SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
<i>FYCOMPA</i> SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
<i>FYCOMPA</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>FYCOMPA</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	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	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>LEVETIRACETAM</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	2	
<i>methylsuximide</i> CAPS 300mg	2	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	4	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 70 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 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
<i>SPRITAM</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	4	QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml		4	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml		4	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml		4	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml		4	QL (10 blister packs per 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>vigadron</i> PACK 500mg		5	QL (180 packets / 30 days), NM, PA
<i>vigadron</i> TABS 500mg		5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml		5	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg		5	QL (180 packets / 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)
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</i> 24hr 5 mg	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg	2	QL (30 caps / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	2	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	2	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	2	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA
<b>HYPNOTICS</b>		
<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	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	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	2	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 70 years and older after a 90 day supply in a calendar year

**MIGRAINE**

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>EMGALITY</i> SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
<i>EMGALITY</i> SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
<i>EMGALITY</i> SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
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, 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>gabapentin (once-daily)</i> TABS 300mg	2	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	2	QL (90 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 syringes / 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	2	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

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<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 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	2	QL (90 films / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	2	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

danazol CAPS 50mg, 100mg, 200mg	2	
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
methyltestosterone CAPS 10mg	5	QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
testosterone pump GEL 1.62%	2	QL (150 gm / 30 days), PA

### **ANTIDIABETICS**

acarbose TABS 25mg, 50mg, 100mg	2	
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	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)
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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl 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
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
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
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
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	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	
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	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA
INSULIN SYRINGES: BD-EMBECTA	3	PA
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	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
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	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	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
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	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	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

#### **CALCIUM REGULATORS**

<i>alendronate sodium</i> SOLN 70mg/75ml	2	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	5	NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg	2	
<i>risedronate sodium</i> TBEC 35mg	2	ST
TERIPARATIDE SOPN 560mcg/2.24ml	5	NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D, NM

#### **CHELATING AGENTS**

<i>CHEMET</i> CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	4	NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
kionex SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA

**CONTRACEPTIVES**

<i>afirmelle</i>	2
<i>altavera</i>	2
<i>alyacen 1/35</i>	2
<i>alyacen 7/7/7</i>	2
<i>amethia</i>	2
<i>amethyst</i>	2
<i>apri</i>	2
<i>aranelle</i>	2
<i>ashlyna</i>	2
<i>aubra eq</i>	2
<i>aurovela 1/20</i>	2
<i>aurovela 24 fe</i>	2
<i>aurovela fe 1.5/30</i>	2
<i>aurovela fe 1/20</i>	2
<i>aviane</i>	2
<i>ayuna</i>	2
<i>azurette</i>	2
<i>balziva</i>	2
<i>blisovi 24 fe</i>	2
<i>blisovi fe 1.5/30</i>	2
<i>briellyn</i>	2
<i>camila</i> TABS .35mg	2
<i>camrese</i>	2
<i>camrese lo</i>	2
<i>chateal eq</i>	2
<i>cryselle-28</i>	2
<i>cyred eq</i>	2
<i>dasetta 1/35</i>	2
<i>dasetta 7/7/7</i>	2
<i>daysee</i>	2
<i>deblitane</i> TABS .35mg	2
<i>DEPO-SUBQ PROVERA 104 SUSY</i>	3
<i>104mg/0.65ml</i>	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2
<i>dolishale</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<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>elonest</i>	2
<i>eluryng</i>	2
<i>emzahh TABS .35mg</i>	2
<i>enilloring</i>	2
<i>enpresse-28</i>	2
<i>enskyce</i>	2
<i>errin TABS .35mg</i>	2
<i>estarylla</i>	2
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2
<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>haloette</i>	2
<i>heather TABS .35mg</i>	2
<i>iclevia</i>	2
<i>incassia TABS .35mg</i>	2
<i>introvale</i>	2
<i>isibloom</i>	2
<i>jaimiess</i>	2
<i>jasmiel</i>	2
<i>jolessa</i>	2
<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

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</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>layolis fe</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel &amp; ethynodiolide (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethynodiolide tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethynodiolide tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethynodiolide (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>lutera</i>	2	
<i>lyeq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>NEXPLANON IMPL 68mg</i>	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethynodiol estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone &amp; ethynodiol estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethynodiol estradiol tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace &amp; ethynodiol estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethynodiol estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norgestimate &amp; ethynodiol estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	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>ocella</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sharobel TABS .35mg</i>	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-estarrylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarrylla</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-nymyo</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 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienna</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>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
<b>ESTROGENS</b>		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<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 &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2
<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	2

#### **GLUCOCORTICOIDS**

<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2
<i>fludrocortisone acetate</i> TABS .1mg	2
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2
<i>hydrocortisone sod succinate</i> SOLR 100mg	2
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2
<i>methylprednisolone</i> TBPK 4mg	2
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2
<i>prednisolone</i> SOLN 15mg/5ml	2
	B/D

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	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 100mg, 250mg, 500mg, 1000mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
<i>betaine powder for oral solution</i>	5	NM
<i>cabergoline</i> TABS .5mg	2	
<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	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	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	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
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	2	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg <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	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<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, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
VEOZAH TABS 45mg	4	PA
<b>PROGESTINS</b>		
<i>gallifrey</i> TABS 5mg	2	
<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	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
<b>THYROID AGENTS</b>		
<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	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
<i>SYNTHROID</i> 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	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>gransetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

#### **ANTISPASMODICS**

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4
<i>glycopyrrolate</i> TABS 1mg	2
<i>glycopyrrolate</i> TABS 2mg	2

#### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2
<i>famotidine</i> TABS 20mg, 40mg	1
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2
<i>nizatidine</i> CAPS 150mg, 300mg	2

#### **INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium</i> CAPS 750mg	2
<i>budesonide</i> CPEP 3mg	2
<i>budesonide</i> TB24 9mg	5
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2
<i>mesalamine</i> CP24 .375gm	2
<i>mesalamine</i> CPDR 400mg	2
<i>mesalamine</i> ENEM 4gm	2
<i>mesalamine</i> SUPP 1000mg	2
<i>mesalamine</i> TBEC 1.2gm	2
<i>mesalamine w/ cleanser</i> KIT 4gm	2
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2

#### **LAXATIVES**

<i>constulose</i> SOLN 10gm/15ml	2
<i>enulose</i> SOLN 10gm/15ml	2

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac SOLN 10gm/15ml</i>	2	
<i>lactulose SOLN 10gm/15ml</i>	2	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<b>PLENUV SOL</b>	<b>4</b>	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl TABS 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	2	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	3	
<i>CREON CAP 6000UNIT</i>	3	
<i>CREON CAP 12000UNT</i>	3	
<i>CREON CAP 24000UNT</i>	3	
<i>CREON CAP 36000UNT</i>	3	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
<i>GATTEX KIT 5mg</i>	5	NM, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	3	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	5	QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	2	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	2	
<i>VOWST CAP</i>	5	QL (12 caps / 30 days), NM, PA
<i>XERMELO TABS 250mg</i>	5	QL (84 tabs / 28 days), NM, PA
<i>XIFAXAN TABS 550mg</i>	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	2	QL (30 tabs / 30 days)

#### **GENITOURINARY**

##### ***BENIGN PROSTATIC HYPERPLASIA***

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	2	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	2	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	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	

##### ***URINARY ANTISPASMODICS***

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
<i>GEMTESA</i> TABS 75mg	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	4	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

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

**VAGINAL ANTI-INFECTIVES**

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

**HEMATOLOGIC**

**ANTICOAGULANTS**

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
<i>ELIQUIS</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>ELIQUIS</i> TABS 5mg	3	QL (74 tabs / 30 days)
<i>ELIQUIS</i> 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	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>HEP SOD/NACL INJ</i> 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<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	
<i>XARELTO</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>XARELTO</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>XARELTO</i> TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>XARELTO</i> STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

**HEMATOPOIETIC GROWTH FACTORS**

<i>FULPHILA</i> SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
--------------------------------	---	-----------------------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
<b>MISCELLANEOUS</b>		
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	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NM, PA
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	1	
<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; TABS 650mg	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<i>ticagrelor</i> TABS 60mg, 90mg	2	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	5	NM, PA
COSENTYX SOSY 75mg/0.5ml	5	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	5	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	QL (16 pens / 365 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
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 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
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
INFILIXIMAB SOLR 100mg	5	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
RENFLEXIS 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
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 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	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
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 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
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

**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

hydroxychloroquine sulfate TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

**IMMUNOGLOBULINS**

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 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	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	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA 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	
ROTAVERSE SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials 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	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1
VARIVAXUSR 1350pfu/0.5ml	1
VAXCHORA SUS	1
VIMKUNYA SUSY 40mcg/0.8ml	1
VIVOTIF CAP EC	1
YF-VAX INJ	1

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	2
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2
KCL/D5W/NACL INJ 0.3/0.9% <i>lactated ringer's solution</i>	4
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
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>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	2	
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	
<b>IV NUTRITION</b>		
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
<i>dextrose SOLN 50%, 70%</i>	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	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>	2
<i>neo-polycin hc ophth oint 1%</i>	2
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2
<i>neomycin-polymyxin-hc ophth susp</i>	2
<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>	2
ZYLET SUS 0.5-0.3%	3

### ***ANTI-INFECTIVES***

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2
<i>bacitracin-polymyxin b ophth oint</i>	1
BESIVANCE SUSP .6%	3
CILOXAN OINT .3%	3
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1
<i>erythromycin (ophth) OINT 5mg/gm</i>	1
<i>gatifloxacin (ophth) SOLN .5%</i>	2
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2
NATACYN SUSP 5%	4
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	2	
<i>neomycin-polmyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
<i>XDEMVVY SOLN .25%</i>	5	NM, PA
<i>ZIRGAN GEL .15%</i>	4	
<b>ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (ophth) SOLN .07%, .075%, .09%</i>	2	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>diluprednate EMUL .05%</i>	2	
<i>FLAREX SUSP .1%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	2	
<i>LOTEMAX OINT .5%</i>	3	
<i>loteprednol etabonate SUSP .2%</i>	2	
<i>prednisolone acetate (ophth) SUSP 1%</i>	2	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
<i>ZERVIATE SOLN .24%</i>	4	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth) SOLN .5%</i>	2	
<i>BETOPTIC-S SUSP .25%</i>	4	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brimonidine tartrate SOLN .15%</i>	2	
<i>brinzolamide SUSP 1%</i>	2	
<i>carteolol hcl (ophth) SOLN 1%</i>	2	
<i>COMBIGAN SOLN 0.2/0.5%</i>	3	
<i>dorzolamide hcl SOLN 2%</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1
<i>latanoprost SOLN .005%</i>	1
<i>levobunolol hcl SOLN .5%</i>	2
<i>LUMIGAN SOLN .01%</i>	3
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	2
<i>RHOPRESSA SOLN .02%</i>	4
<i>ROCKLATAN DRO</i>	4
<i>SIMBRINZA SUS 1-0.2%</i>	4
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	2
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	1
<i>travoprost SOLN .004%</i>	2
<i>VYZULTA SOLN .024%</i>	4

#### **MISCELLANEOUS**

ATROPINE SULFATE SOLN 1%	3
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	2
<i>CYSTADROPS SOLN .37%</i>	5 NM, PA
<i>CYSTARAN SOLN .44%</i>	5 NM, PA
EYSUVIS SUSP .25%	4
MIEBO SOLN 1.338gm/ml	3
<i>proparacaine hcl SOLN .5%</i>	2
RESTASIS EMUL .05%	3
RESTASIS MULTIDOSE EMUL .05%	3
XIIDRA SOLN 5%	3

#### **OTIC**

##### **OTIC AGENTS**

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

#### **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)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>	2	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)
<b>ANTICHOLINERGICS</b>		
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 SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>desloratadine TABS 5mg</i>	2	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal) SOLN .6%</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	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	2	
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; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	

#### **MISCELLANEOUS**

<i>acetylcysteine</i> SOLN 10%, 20%	2	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
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(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

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
OFEV CAPS 100mg, 150mg		5	QL (60 caps / 30 days), NM, PA
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		2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg		2	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
THEO-24 CP24 100mg, 200mg, 300mg, 400mg		4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg		2	
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA

#### **NASAL STEROIDS**

<i>flunisolide (nasal) SOLN .025%</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal) SUSP 50mcg/act</i>	2	QL (2 inhalers / 30 days)
<i>XHANCE EXHU 93mcg/act</i>	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) SUSP .25mg/2ml, .5mg/2ml</i>	2	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>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	2	QL (60 inhalations / 30 days)

## TOPICAL

### **DERMATOLOGY, ACNE**

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

### **DERMATOLOGY, ANTIBIOTICS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ciclopirox GEL .77%	2	QL (100 gm / 30 days)
ciclopirox SHAM 1%	2	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	2	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	2	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	2	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (45 gm / 30 days)
econazole nitrate CREA 1%	2	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	2	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	2	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	2	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
<b>DERMATOLOGY, ANTIPOSIATICS</b>		
acitretin CAPS 10mg, 17.5mg, 25mg	2	PA
calcipotriene CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	2	QL (120 mL / 30 days), PA
calcitrene OINT .005%	2	QL (120 gm / 30 days), PA
ENSTILAR AER	5	QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	5	
tazarotene CREA .05%, .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	2	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	2	QL (3 patches / 1 day), PA
<i>tridacaine ii PTCH 5%</i>	2	QL (3 patches / 1 day), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>azelaic acid GEL 15%</i>	2	QL (50 gm / 30 days)
<i>bexarotene (topical) GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) SOLN 1.5%</i>	2	QL (300 mL / 28 days)
<i>fluorouracil (topical) CREA 5%</i>	2	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	2	
<i>imiquimod CREA 5%</i>	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	2	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	2	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	2	QL (30 gm / 30 days)
<i>PANRETIN GEL .1%</i>	5	QL (60 gm / 30 days), PA
<i>pimecrolimus CREA 1%</i>	2	QL (100 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	2	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	2	
<i>proctocort CREA 1%</i>	2	
<i>proctosol hc CREA 2.5%</i>	2	
<i>proctozone-hc CREA 2.5%</i>	2	
<i>tacrolimus (topical) OINT .03%, .1%</i>	2	QL (100 gm / 30 days), PA
<i>VALCHLOR GEL .016%</i>	5	QL (60 gm / 30 days), NM, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion LOTN .5%</i>	2	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	2	QL (60 gm / 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>REGRANEX GEL .01%</i>	5	QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

**2025 VIVA MEDICARE FORMULARY**  
**FORMULARY**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	2	
<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	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

## Index

### A

<i>abacavir sulfate</i> .....	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	7
<i>ABELCET</i> .....	5
<i>abigale</i> .....	57
<i>abigale lo</i> .....	57
<i>ABILIFY ASIMTUFII</i> .....	36
<i>ABILIFY MAINTENA</i> .....	36, 37
<i>abiraterone acetate</i> .....	13
<i>abirtega</i> .....	13
<i>ABRYSVO</i> .....	70
<i>acamprosate calcium</i> .....	47
<i>acarbose</i> .....	48
<i>accutane</i> .....	81
<i>acebutolol hcl</i> .....	29
<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> .....	64
<i>acetic acid (otic)</i> .....	76
<i>acetylcysteine</i> .....	78
<i>acitretin</i> .....	82
<i>ACTHIB INJ</i> .....	70
<i>ACTIMMUNE</i> .....	70
<i>acyclovir</i> .....	8
<i>acyclovir sodium</i> .....	8
<i>ADACEL INJ</i> .....	70
<i>ADALIMUMAB-AACF (2 PEN)</i> .....	66
<i>ADALIMUMAB-AACF (2 SYRING</i> .....	67
<i>ADALIMUMAB-AACF STARTER P</i> .....	67
<i>adefovir dipivoxil</i> .....	8
<i>ADMELOG</i> .....	50
<i>ADMELOG SOLOSTAR</i> .....	50
<i>ADVAIR HFA AER 115/21</i> .....	80
<i>ADVAIR HFA AER 230/21</i> .....	80
<i>ADVAIR HFA AER 45/21</i> .....	80
<i>afirmelle</i> .....	53

<i>AIMOVIG</i> .....	45
<i>AIRSUPRA AER 90-80MCG</i> .....	80
<i>AKEEGA TAB 100/500</i> .....	13
<i>AKEEGA TAB 50/500MG</i> .....	13
<i>ala-cort</i> .....	82
<i>albendazole</i> .....	3
<i>albuterol sulfate</i> .....	77, 78
<i>alclometasone dipropionate</i> .....	82
<i>ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY</i> .....	50
<i>ALDURAZYME</i> .....	59
<i>ALECENSA</i> .....	15
<i>alendronate sodium</i> .....	52
<i>alfuzosin hcl</i> .....	64
<i>aliskiren fumarate</i> .....	31
<i>allopurinol</i> .....	1
<i>alosetron hcl</i> .....	63
<i>alprazolam</i> .....	33
<i>altavera</i> .....	53
<i>ALUNBRIG</i> .....	15
<i>ALUNBRIG PAK</i> .....	16
<i>ALVAIZ</i> .....	66
<i>ALVESCO</i> .....	80
<i>alyacen 1/35</i> .....	53
<i>alyacen 7/7/7</i> .....	53
<i>ALYFTREK TAB 10-50-125</i> .....	78
<i>ALYFTREK TAB 4-20-50</i> .....	78
<i>ALYGLO</i> .....	69
<i>alyq</i> .....	32
<i>amantadine hcl</i> .....	35
<i>ambrisentan</i> .....	33
<i>amethia</i> .....	53
<i>amethyst</i> .....	53
<i>amikacin sulfate</i> .....	3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	31
<i>amiloride hcl</i> .....	31
<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</i>	
<i>calcium tab 10-40 mg</i> .....	32
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-80 mg</i> .....	32
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-10 mg</i> .....	31
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-20 mg</i> .....	31
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-40 mg</i> .....	31
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-10 mg</i> .....	31
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-20 mg</i> .....	31
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-40 mg</i> .....	31
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i> .....	32
<i>amlodipine besylate-benazepril hcl</i>	
<i>cap 10-20 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl</i>	
<i>cap 10-40 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl</i>	
<i>cap 2.5-10 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl</i>	
<i>cap 5-10 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl</i>	
<i>cap 5-20 mg</i> .....	24
<i>amlodipine besylate-benazepril hcl</i>	
<i>cap 5-40 mg</i> .....	24
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i> .....	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i> .....	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i> .....	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i> .....	26
<i>amlodipine besylate-valsartan tab</i>	
<i>10-160 mg</i> .....	26
<i>amlodipine besylate-valsartan tab</i>	
<i>10-320 mg</i> .....	26
<i>amlodipine besylate-valsartan tab</i>	
<i>5-160 mg</i> .....	26
<i>amlodipine besylate-valsartan tab</i>	
<i>5-320 mg</i> .....	26
<i>amnesteem</i>	81
<i>amoxapine</i>	34
<i>amoxicillin</i>	11
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>400-57 mg/5ml</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i> .....	11
<i>amoxicillin &amp; k clavulanate tab 250-</i>	
<i>125 mg</i> .....	11
<i>amoxicillin &amp; k clavulanate tab 500-</i>	
<i>125 mg</i> .....	11
<i>amoxicillin &amp; k clavulanate tab 875-</i>	
<i>125 mg</i> .....	11
<i>amoxicillin &amp; k clavulanate tab er</i>	
<i>12hr 1000-62.5 mg</i> .....	11
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 10 mg</i> .....	43
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 15 mg</i> .....	43
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 20 mg</i> .....	43
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 25 mg</i> .....	43
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 30 mg</i> .....	43
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 5 mg</i> .....	43
<i>amphetamine-dextroamphetamine</i>	
<i>tab 10 mg</i> .....	44
<i>amphetamine-dextroamphetamine</i>	
<i>tab 12.5 mg</i> .....	44
<i>amphetamine-dextroamphetamine</i>	
<i>tab 15 mg</i> .....	44
<i>amphetamine-dextroamphetamine</i>	
<i>tab 20 mg</i> .....	44
<i>amphetamine-dextroamphetamine</i>	
<i>tab 30 mg</i> .....	44
<i>amphetamine-dextroamphetamine</i>	
<i>tab 5 mg</i> .....	44

*amphetamine-dextroamphetamine*  
 tab 7.5 mg ..... 44  
*amphotericin b* ..... 5  
*amphotericin b liposome* ..... 5  
*ampicillin* ..... 11  
*ampicillin & sulbactam sodium for inj* 1.5 (1-0.5) gm ..... 11  
*ampicillin & sulbactam sodium for inj* 3 (2-1) gm ..... 11  
*ampicillin & sulbactam sodium for iv soln* 1.5 (1-0.5) gm ..... 11  
*ampicillin & sulbactam sodium for iv soln* 15 (10-5) gm ..... 11  
*ampicillin & sulbactam sodium for iv soln* 3 (2-1) gm ..... 11  
*ampicillin sodium* ..... 11  
*anagrelide hcl* ..... 66  
*anastrozole* ..... 13  
 ANORO ELLIPT AER 62.5-25 ..... 76  
*aprepitant* ..... 61  
*aprepitant capsule therapy pack* 80 & 125 mg ..... 61  
*apri* ..... 53  
 APTIOM ..... 39  
 APTIVUS ..... 6  
 ARALAST NP ..... 78  
*aranelle* ..... 53  
 ARCALYST ..... 70  
 AREXVY ..... 70  
*arformoterol tartrate* ..... 78  
 ARIKAYCE ..... 3  
*ariPIPrazole* ..... 37  
 ARISTADA ..... 37  
 ARISTADA INITIO ..... 37  
*armodafinil* ..... 47  
 ARNUITY ELLIPTA ..... 80  
*asenapine maleate* ..... 37  
*ashlyna* ..... 53  
*aspirin-dipyridamole cap er 12hr* 25-200 mg ..... 66  
 ASTAGRAF XL ..... 70  
*atazanavir sulfate* ..... 6  
*atenolol* ..... 29  
*atenolol & chlorthalidone tab 100-25 mg* ..... 29

*atenolol & chlorthalidone tab 50-25 mg* ..... 29  
*atomoxetine hcl* ..... 44  
*atorvastatin calcium* ..... 28  
*atovaquone* ..... 3  
*atovaquone-proguanil hcl tab 250-100 mg* ..... 6  
*atovaquone-proguanil hcl tab 62.5-25 mg* ..... 6  
 ATROPINE SULFATE ..... 76  
*atropine sulfate (ophthalmic)* ..... 76  
 ATROVENT HFA ..... 77  
*aubra eq* ..... 53  
 AUGTYRO ..... 16  
*aurovela 1/20* ..... 53  
*aurovela 24 fe* ..... 53  
*aurovela fe 1.5/30* ..... 53  
*aurovela fe 1/20* ..... 53  
 AUSTEDO ..... 46  
 AUSTEDO XR ..... 46  
 AUSTEDO XR TAB TITR KIT ..... 46  
 AUVELITY TAB 45-105MG ..... 34  
*aviane* ..... 53  
 AVMAPKI PAK FAKZYNJA ..... 16  
*ayuna* ..... 53  
 AYVAKIT ..... 16  
*azacitidine* ..... 13  
*azathioprine* ..... 70  
*azelaic acid* ..... 84  
*azelastine hcl* ..... 77  
*azelastine hcl (ophth)* ..... 75  
*azithromycin* ..... 10  
*aztreonam* ..... 3  
*azurette* ..... 53  
**B**  
*bacitracin (ophthalmic)* ..... 74  
*bacitracin-polymyxin b ophth oint* 74  
*bacitracin-polymyxin-neomycin-hc ophth oint 1%* ..... 74  
*baclofen* ..... 47  
 BAFIERTAM ..... 46  
*balsalazide disodium* ..... 62  
 BALVERSA ..... 16  
*balziva* ..... 53  
 BARACLUDE ..... 8

BASAGLAR KWIKPEN .....	50	BIVIGAM .....	69
BCG VACCINE.....	70	<i>blisovi</i> 24 fe.....	53
<i>benazepril &amp; hydrochlorothiazide</i>		<i>blisovi</i> fe 1.5/30 .....	53
<i>tab 10-12.5 mg</i> .....	24	BONSITY .....	52
<i>benazepril &amp; hydrochlorothiazide</i>		BOOSTRIX INJ .....	71
<i>tab 20-12.5 mg</i> .....	24	<i>bortezomib</i> .....	16
<i>benazepril &amp; hydrochlorothiazide</i>		BORTEZOMIB.....	16
<i>tab 20-25 mg</i> .....	24	<i>bosentan</i> .....	33
<i>benazepril &amp; hydrochlorothiazide</i>		BOSULIF .....	16
<i>tab 5-6.25mg</i> .....	24	BRAFTOVI .....	16
<i>benazepril hcl</i> .....	25	BREO ELLIPTA INH 100-25 .....	80
BENDAMUSTINE HYDROCHLORID 12		BREO ELLIPTA INH 200-25 .....	80
BENDEKA.....	12	BREO ELLIPTA INH 50-25MCG....	80
BENLYSTA.....	70	<i>breyna</i> .....	80
<i>benzoyl peroxide-erythromycin gel</i>		BREZTRI AERO AER SPHERE .....	76
<i>5-3%</i> .....	81	BREZTRI AERO AER SPHERE	
<i>benztropine mesylate</i> .....	35	(INSTITUTIONAL PACK).....	77
BERINERT .....	66	<i>brielllyn</i> .....	53
BESIVANCE .....	74	BRILINTA .....	66
BESREMI .....	15	<i>brimonidine tartrate</i> .....	75
<i>betaine powder for oral solution</i> ..	59	<i>brinzolamide</i> .....	75
<i>betamethasone dipropionate</i>		BRIVIACT .....	39
( <i>topical</i> ).....	82	<i>bromfenac sodium (ophth)</i> .....	75
<i>betamethasone dipropionate</i>		<i>bromocriptine mesylate</i> .....	35
<i>augmented</i> .....	82, 83	BRONCHITOL.....	78
<i>betamethasone valerate</i> .....	83	BRUKINSA.....	16
BETASERON .....	46	<i>budesonide</i> .....	62
<i>betaxolol hcl (ophth)</i> .....	75	<i>budesonide (inhalation)</i> .....	80
<i>bethanechol chloride</i> .....	64	<i>budesonide-formoterol fumarate</i>	
BETOPTIC-S .....	75	<i>dihyd aerosol 160-4.5 mcg/act</i> 80	
BEVESPI AER 9-4.8MCG .....	76	<i>budesonide-formoterol fumarate</i>	
<i>bexarotene</i> .....	15	<i>dihyd aerosol 80-4.5 mcg/act..</i> 80	
<i>bexarotene (topical)</i> .....	84	<i>bumetanide</i> .....	31
BEXZERO .....	71	<i>buprenorphine hcl</i> .....	47
<i>bicalutamide</i> .....	14	<i>buprenorphine hcl-naloxone hcl sl</i>	
BICILLIN L-A .....	11	<i>film 12-3 mg (base equiv)</i> .....	48
BIKTARVY TAB 30-120-15 MG .....	7	<i>buprenorphine hcl-naloxone hcl sl</i>	
BIKTARVY TAB 50-200-25 MG .....	7	<i>film 2-0.5 mg (base equiv)</i> .....	47
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>10-6.25 mg</i> .....	29	<i>film 4-1 mg (base equiv)</i> .....	48
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>2.5-6.25 mg</i> .....	29	<i>film 8-2 mg (base equiv)</i> .....	48
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>5-6.25 mg</i> .....	29	<i>tab 2-0.5 mg (base equiv)</i> .....	48
<i>bisoprolol fumarate</i> .....	30		

*buprenorphine hcl-naloxone hcl sl*  
*tab 8-2 mg (base equiv) .....* 48  
*bupropion hcl .....* 34  
*bupropion hcl (smoking deterrent)*  
*.....* 48  
*buspirone hcl.....* 33  
*butorphanol tartrate .....* 2  
**C**  
*cabergoline .....* 59  
*CABOMETYX.....* 16  
*calcipotriene.....* 82  
*calcitonin (salmon) spray .....* 52  
*calcitrene .....* 82  
*calcitriol.....* 61  
*calcitriol (oral).....* 61  
*CALQUENCE .....* 16  
*camila .....* 53  
*camrese .....* 53  
*camrese lo .....* 53  
*candesartan cilexetil.....* 27  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 16-12.5*  
*mg .....* 26  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 32-12.5*  
*mg .....* 26  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 32-25 mg*  
*.....* 26  
*CAPLYTA.....* 37  
*CAPRELSA.....* 16  
*captопril .....* 25  
*captопril & hydrochlorothiazide tab*  
*25-15 mg.....* 24  
*captопril & hydrochlorothiazide tab*  
*25-25 mg.....* 24  
*captопril & hydrochlorothiazide tab*  
*50-15 mg.....* 24  
*captопril & hydrochlorothiazide tab*  
*50-25 mg.....* 25  
*carb/levo orally disintegrating tab*  
*10-100mg .....* 36  
*carb/levo orally disintegrating tab*  
*25-100mg .....* 36

*carb/levo orally disintegrating tab*  
*25-250mg .....* 36  
*carbamazepine.....* 39  
*carbidopa .....* 36  
*carbidopa & levodopa tab 10-100*  
*mg .....* 36  
*carbidopa & levodopa tab 25-100*  
*mg .....* 36  
*carbidopa & levodopa tab 25-250*  
*mg .....* 36  
*carbidopa & levodopa tab er 25-100*  
*mg .....* 36  
*carbidopa & levodopa tab er 50-200*  
*mg .....* 36  
*carbidopa-levodopa-entacapone*  
*tabs 12.5-50-200 mg .....* 36  
*carbidopa-levodopa-entacapone*  
*tabs 18.75-75-200 mg .....* 36  
*carbidopa-levodopa-entacapone*  
*tabs 25-100-200 mg .....* 36  
*carbidopa-levodopa-entacapone*  
*tabs 31.25-125-200 mg .....* 36  
*carbidopa-levodopa-entacapone*  
*tabs 37.5-150-200 mg .....* 36  
*carbidopa-levodopa-entacapone*  
*tabs 50-200-200 mg .....* 36  
*carboplatin .....* 12  
*carglumic acid.....* 59  
*carteolol hcl (ophth) .....* 75  
*cartia xt .....* 30  
*carvedilol .....* 30  
*caspofungin acetate.....* 5  
*CAYSTON .....* 3  
*cefaclor.....* 9  
*cefadroxil .....* 9  
*CEFAZOLIN .....* 9  
*CEFAZOLIN INJ 1GM/50ML .....* 9  
*cefazolin sodium .....* 9  
*CEFAZOLIN SOLN 2GM/100ML-4% 9*  
*CEFAZOLIN/DEX SOL 1GM/50ML-*  
*4% .....* 9  
*CEFAZOLIN/DEX SOL 2GM/50ML-*  
*3% .....* 9  
*CEFAZOLIN/DEX SOL 3GM/150ML-*  
*4% .....* 9

CEFAZOLIN/DEX SOL 3GM/50ML-		
2%.....	9	
cefdinir .....	9	
cefepime hcl.....	9	
cefixime.....	9	
cefotetan disodium.....	9	
cefoxitin sodium .....	10	
cefpodoxime proxetil .....	10	
cefprozil .....	10	
ceftazidime .....	10	
ceftriaxone sodium.....	10	
cefuroxime axetil .....	10	
cefuroxime sodium.....	10	
celecoxib .....	1	
cephalexin .....	10	
CEQUR SIMPL KIT PATCH 2U (3-DAY) .....	50	
CEQUR SIMPL KIT PATCH 2U (4-DAY) .....	50	
CEQUR SIMPL MIS INSERTER .....	50	
CERDELGA .....	59	
CEREZYME .....	59	
cetirizine hcl.....	77	
cevimeline hcl .....	85	
chateal eq.....	53	
CHEMET.....	52	
chlorhexidine gluconate (mouth-throat).....	85	
chloroquine phosphate.....	6	
chlorpromazine hcl.....	37	
chlorthalidone .....	31	
cholestyramine .....	29	
cholestyramine light .....	29	
choline fenofibrate .....	28	
ciclopirox .....	82	
ciclopirox olamine .....	82	
cilstazol .....	66	
CILOXAN .....	74	
CIMDUO TAB 300-300 .....	7	
cinacalcet hcl.....	59	
CIPRO .....	10	
ciprofloxacin 200 mg/100ml in d5w .....	10	
ciprofloxacin 400 mg/200ml in d5w .....	10	
ciprofloxacin hcl .....	10	
ciprofloxacin hcl (ophth) .....	74	
ciprofloxacin-dexamethasone otic susp 0.3-0.1% .....	76	
cisplatin .....	12	
citalopram hydrobromide.....	34	
claravis .....	81	
clarithromycin .....	10	
clindamycin hcl .....	3	
clindamycin palmitate hydrochloride .....	3	
clindamycin phosphate .....	3	
clindamycin phosphate (topical) .....	81	
clindamycin phosphate in d5w iv soln 300 mg/50ml .....	3	
clindamycin phosphate in d5w iv soln 600 mg/50ml .....	3	
clindamycin phosphate in d5w iv soln 900 mg/50ml .....	3	
clindamycin phosphate vaginal .....	65	
CLINDMYC/NAC INJ 300/50ML .....	3	
CLINDMYC/NAC INJ 600/50ML .....	3	
CLINDMYC/NAC INJ 900/50ML .....	3	
CLINIMIX INJ 4.25/D10.....	73	
CLINIMIX INJ 4.25/D5W.....	73	
CLINIMIX INJ 5%/D15W.....	73	
CLINIMIX INJ 5%/D20W.....	73	
CLINIMIX INJ 6/5 .....	74	
CLINIMIX INJ 8/10 .....	74	
CLINIMIX INJ 8/14 .....	74	
clinisol sf 15% .....	74	
CLINOLIPID EMU 20% .....	74	
clobazam .....	39, 40	
clobetasol propionate .....	83	
clobetasol propionate e .....	83	
clomipramine hcl .....	34	
clonazepam .....	40	
clonidine .....	32	
clonidine hcl .....	32	
clopidogrel bisulfate .....	66	
clorazepate dipotassium .....	40	
clotrimazole .....	85	
clotrimazole (topical) .....	82	
clotrimazole w/ betamethasone cream 1-0.05% .....	82	

<i>clozapine</i> .....	37
COARTEM TAB 20-120MG.....	6
COBENFY CAP 100-20MG .....	37
COBENFY CAP 125-30MG .....	37
COBENFY CAP 50-20MG .....	37
COBENFY STRT CAP PACK .....	37
<i>colchicine</i> .....	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	1
<i>colesevelam hcl</i> .....	29
<i>colestipol hcl</i> .....	29
<i>colistimethate sodium</i> .....	3
COMBIGAN SOL 0.2/0.5% .....	75
COMBIVENT AER 20-100.....	77
COMETRIQ (60MG DOSE).....	16
COMETRIQ KIT 100MG.....	16
COMETRIQ KIT 140MG.....	16
COMPLERA TAB .....	7
<i>compro</i> .....	61
<i>constulose</i> .....	62
COPAXONE.....	46
COPIKTRA.....	17
CORLANOR .....	32
COSENTYX .....	67
COSENTYX SENSOREADY PEN.....	67
COSENTYX UNOREADY .....	67
COTELLIC .....	17
CREON CAP 12000UNT .....	63
CREON CAP 24000UNT .....	63
CREON CAP 3000UNIT .....	63
CREON CAP 36000UNT .....	63
CREON CAP 6000UNIT .....	63
<i>cromolyn sodium</i> .....	78
<i>cromolyn sodium (mastocytosis)</i> ..63	
<i>cromolyn sodium (ophth)</i> .....	75
<i>cryselle-28</i> .....	53
<i>cyclobenzaprine hcl</i> .....	47
<i>cyclophosphamide</i> .....	12
CYCLOPHOSPHAMIDE .....	12
CYCLOPHOSPHAMIDE MONOHYDR .....	12
<i>cycloserine</i> .....	8
<i>cyclosporine</i> .....	70
<i>cyclosporine modified (for microemulsion)</i> .....	70
<i>cyproheptadine hcl</i> .....	77
<i>cyred eq</i> .....	53
CYSTADROPS.....	76
CYSTAGON .....	59
CYSTARAN .....	76
<i>cytarabine</i> .....	13
<b>D</b>	
D10W/NACL INJ 0.2%.....	72
D2.5W/NACL INJ 0.45% .....	72
<i>dabigatran etexilate mesylate</i> ..65	
<i>dalfampridine</i> .....	46
<i>danazol</i> .....	48
<i>dantrolene sodium</i> .....	47
DANZITEN .....	17
<i>dapsone</i> .....	3
DAPTACEL INJ.....	71
<i>daptomycin</i> .....	3
DAPTO MYCIN .....	3
<i>darifenacin hydrobromide</i> .....	64
<i>darunavir</i> .....	6
<i>dasatinib</i> .....	17
<i>dasetta 1/35</i> .....	53
<i>dasetta 7/7/7</i> .....	53
DAURISMO .....	17
<i>daysee</i> .....	53
DAYVIGO .....	44
<i>deblitane</i> .....	53
<i>deferasirox</i> .....	52
DELSTRIGO TAB.....	7
DENGVAXIA SUS .....	71
DEPO-SUBQ PROVERA 104 .....	53
<i>depo-testosterone</i> .....	48
DESCOVY TAB 120-15MG .....	7
DESCOVY TAB 200/25MG .....	7
<i>desipramine hcl</i> .....	34
<i>desloratadine</i> .....	77
<i>desmopressin acetate</i> .....	59
<i>desmopressin acetate spray</i> .....	59
<i>desmopressin acetate spray refrigerated</i> .....	59
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> ..	53
<i>desvenlafaxine succinate</i> .....	34
<i>dexamethasone</i> .....	58
DEXAMETHASONE INTENSOL .....	58

<i>dexamethasone sodium phosphate</i>	58
<i>dexamethasone sodium phosphate (ophth)</i>	75
<i>dexamethylphenidate hcl</i>	44
<i>dextrose</i>	74
<i>dextrose 10% w/ sodium chloride 0.45%</i>	72
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	72
<i>dextrose 5% in lactated ringers</i>	72
<i>dextrose 5% w/ sodium chloride 0.2%</i>	72
<i>dextrose 5% w/ sodium chloride 0.225%</i>	72
<i>dextrose 5% w/ sodium chloride 0.3%</i>	72
<i>dextrose 5% w/ sodium chloride 0.45%</i>	72
<i>dextrose 5% w/ sodium chloride 0.9%</i>	72
<i>DIACOMIT</i>	40
<i>diazepam</i>	40
<i>diazepam (anticonvulsant)</i>	40
<i>diazepam inj</i>	40
<i>diazepam intensol</i>	40
<i>diazoxide</i>	59
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1
<i>diclofenac sodium (ophth)</i>	75
<i>diclofenac sodium (topical)</i>	84
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>dicloxacillin sodium</i>	11
<i>dicyclomine hcl</i>	62
<i>DIFCID</i>	10
<i>diflunisal</i>	1
<i>difluprednate</i>	75
<i>digoxin</i>	32
<i>dihydroergotamine mesylate</i>	45
<i>DILANTIN</i>	40
<i>diltiazem hcl</i>	30
<i>diltiazem hcl coated beads</i>	30
<i>diltiazem hcl extended release beads</i>	30
<i>dilt-xr</i>	30
<i>DIP/TET PED INJ 25-5LFU</i>	71
<i>diphenhydramine hcl</i>	77
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	63
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	63
<i>dipyridamole</i>	66
<i>disopyramide phosphate</i>	28
<i>disulfiram</i>	48
<i>divalproex sodium</i>	40
<i>docetaxel</i>	15
<i>DOCETAXEL</i>	15
<i>DOCIVYX</i>	15
<i>dofetilide</i>	28
<i>dolishale</i>	53
<i>donepezil hydrochloride</i>	33
<i>DOPTELET</i>	66
<i>dorzolamide hcl</i>	75
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	76
<i>dotti</i>	57
<i>DOVATO TAB 50-300MG</i>	7
<i>doxazosin mesylate</i>	25
<i>doxepin hcl</i>	34
<i>doxepin hcl (sleep)</i>	45
<i>doxercalciferol</i>	61
<i>doxorubicin hcl</i>	15
<i>doxorubicin hcl liposomal</i>	15
<i>doxy 100</i>	12
<i>doxycycline (monohydrate)</i>	12
<i>doxycycline hyclate</i>	12
<i>DRIZALMA SPRINKLE</i>	34
<i>dronabinol</i>	61
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	54
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	54
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	54

<i>drospernone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg</i> .....	54	EMTRIVA .....	6
<i>droxidopa</i> .....	32	EMVERM .....	3
<i>DULERA AER 100-5MCG</i> .....	81	<i>emzahh</i> .....	54
<i>DULERA AER 200-5MCG</i> .....	81	<i>enalapril maleate</i> .....	25
<i>DULERA AER 50-5MCG</i> .....	81	<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	25
<i>duloxetine hcl</i> .....	34	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	25
<i>DUPIXENT</i> .....	67	<i>ENBREL</i> .....	67
<i>dutasteride</i> .....	64	<i>ENBREL MINI</i> .....	67
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	64	<i>ENBREL SURECLICK</i> .....	67
<b>E</b>		<i>endocet tab 10-325mg</i> .....	2
<i>e.e.s. 400</i> .....	10	<i>endocet tab 2.5-325mg</i> .....	2
<i>econazole nitrate</i> .....	82	<i>endocet tab 5-325mg</i> .....	2
<i>EDARBI</i> .....	27	<i>endocet tab 7.5-325mg</i> .....	2
<i>EDARBYCLOR TAB 40-12.5</i> .....	26	<i>ENGERIX-B</i> .....	71
<i>EDARBYCLOR TAB 40-25MG</i> .....	26	<i>enilloring</i> .....	54
<i>EDURANT</i> .....	6	<i>enoxaparin sodium</i> .....	65
<i>EDURANT PED</i> .....	6	<i>enpresse-28</i> .....	54
<i>efavirenz</i> .....	6	<i>enskyce</i> .....	54
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	7	<i>ENSTILAR AER</i> .....	82
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	7	<i>entacapone</i> .....	36
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	7	<i>entecavir</i> .....	8
<i>ELIGARD</i> .....	14	<i>ENTRESTO CAP 15-16MG</i> .....	26
<i>elinest</i> .....	54	<i>ENTRESTO CAP 6-6MG</i> .....	26
<i>ELIQUIS</i> .....	65	<i>ENTRESTO TAB 24-26MG</i> .....	26
<i>ELIQUIS STARTER PACK</i> .....	65	<i>ENTRESTO TAB 49-51MG</i> .....	26
<i>eluryng</i> .....	54	<i>ENTRESTO TAB 97-103MG</i> .....	26
<i>EMGALITY</i> .....	45	<i>enulose</i> .....	62
<i>EMSAM</i> .....	34	<i>EPCLUSA PAK 150-37.5</i> .....	8
<i>emtricitabine</i> .....	6	<i>EPCLUSA PAK 200-50MG</i> .....	8
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> .....	7	<i>EPCLUSA TAB 200-50MG</i> .....	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	7	<i>EPCLUSA TAB 400-100</i> .....	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	7	<i>EPIDIOLEX</i> .....	40
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	7	<i>epinephrine (anaphylaxis)</i> .....	32, 78
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	8	<i>epitol</i> .....	40

<i>errin</i> .....	54
<i>ertapenem sodium</i> .....	4
<i>ery</i> .....	81
<i>ery-tab</i> .....	10
<b>ERYTHROCIN LACTOBIONATE</b> .....	10
<i>erythromycin (acne aid)</i> .....	81
<i>erythromycin (ophth)</i> .....	74
<i>erythromycin base</i> .....	10
<i>erythromycin ethylsuccinate</i> .....	10
<i>erythromycin lactobionate</i> .....	10
<i>escitalopram oxalate</i> .....	34
<i>eslicarbazepine acetate</i> .....	40, 41
<i>esomeprazole magnesium</i> .....	64
<i>estarrylla</i> .....	54
<i>estradiol</i> .....	58
<i>estradiol &amp; norethindrone acetate</i> <i>tab 0.5-0.1 mg</i> .....	58
<i>estradiol &amp; norethindrone acetate</i> <i>tab 1-0.5 mg</i> .....	58
<i>estradiol vaginal</i> .....	58
<i>estradiol valerate</i> .....	58
<i>ethambutol hcl</i> .....	8
<i>ethosuximide</i> .....	41
<i>ethynodiol diacetate &amp; ethinyl</i> <i>estradiol tab 1 mg-35 mcg</i> .....	54
<i>ethynodiol diacetate &amp; ethinyl</i> <i>estradiol tab 1 mg-50 mcg</i> .....	54
<i>etodolac</i> .....	1
<i>etonogestrel-ethinyl estradiol va</i> <i>ring 0.12-0.015 mg/24hr</i> .....	54
<i>etoposide</i> .....	15
<i>etravirine</i> .....	6
<b>EULEXIN</b> .....	14
<i>everolimus</i> .....	17
<i>everolimus (immunosuppressant)</i> 70	
<b>EVOTAZ TAB 300-150</b> .....	8
<i>exemestane</i> .....	14
<b>EYSUVIS</b> .....	76
<b>EZALLOR SPRINKLE</b> .....	28
<i>ezetimibe</i> .....	29
<i>ezetimibe-simvastatin tab 10-10</i> <i>mg</i> .....	29
<i>ezetimibe-simvastatin tab 10-20</i> <i>mg</i> .....	29
<i>ezetimibe-simvastatin tab 10-40</i> <i>mg</i> .....	29
<i>ezetimibe-simvastatin tab 10-80</i> <i>mg</i> .....	29
<b>F</b>	
<b>FABRAZYME</b> .....	59
<i>falmina</i> .....	54
<i>famciclovir</i> .....	8
<i>famotidine</i> .....	62
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> .....	62
<b>FANAPT</b> .....	37
<b>FANAPT PAK PACK A</b> .....	37
<b>FANAPT PAK PACK C</b> .....	37
<b>FARXIGA</b> .....	48
<b>FASENRA</b> .....	78
<b>FASENRA PEN</b> .....	78
<i>febuxostat</i> .....	1
<i>feirza 1.5/30</i> .....	54
<i>feirza 1/20</i> .....	54
<i>felbamate</i> .....	41
<i>felodipine</i> .....	30
<i>fenofibrate</i> .....	28
<i>fenofibrate micronized</i> .....	28
<i>fentanyl</i> .....	2
<i>fesoterodine fumarate</i> .....	64
<b>FETZIMA</b> .....	34
<b>FETZIMA CAP TITRATIO</b> .....	34
<b>FIASP</b> .....	50
<b>FIASP FLEXTOUCH</b> .....	50
<b>FIASP PENFILL</b> .....	50
<b>FIASP PUMPCART</b> .....	50
<i>finasteride</i> .....	64
<i>fingolimod hcl</i> .....	46
<b>FINTEPLA</b> .....	41
<i>finzala</i> .....	54
<b>FIRMAGON</b> .....	14
<i>flac</i> .....	76
<b>FLAREX</b> .....	75
<b>FLEBOGAMMA DIF</b> .....	69
<i>flecainide acetate</i> .....	28
<i>fluconazole</i> .....	5
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	5

*fluconazole in nacl 0.9% inj 400 mg/200ml* ..... 5  
*flucytosine* ..... 5  
*fludrocortisone acetate* ..... 58  
*flunisolide (nasal)* ..... 80  
*fluocinolone acetonide* ..... 83  
*fluocinolone acetonide (otic)* ..... 76  
*fluocinonide* ..... 83  
*fluocinonide emulsified base* ..... 83  
*fluorometholone (ophth)* ..... 75  
*fluorouracil* ..... 13  
*fluorouracil (topical)* ..... 84  
*fluoxetine hcl* ..... 34  
*fluphenazine decanoate* ..... 37  
*fluphenazine hcl* ..... 37  
*flurbiprofen* ..... 1  
*flurbiprofen sodium* ..... 75  
*fluticasone propionate* ..... 83  
*fluticasone propionate (nasal)* ..... 80  
*fluticasone-salmeterol aer powder ba 100-50 mcg/act* ..... 81  
*fluticasone-salmeterol aer powder ba 250-50 mcg/act* ..... 81  
*fluticasone-salmeterol aer powder ba 500-50 mcg/act* ..... 81  
*fluvastatin sodium* ..... 28  
*fluvoxamine maleate* ..... 33  
*fondaparinux sodium* ..... 65  
*formoterol fumarate* ..... 78  
*fosamprenavir calcium* ..... 6  
*fosinopril sodium* ..... 25  
*fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* ..... 25  
*fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* ..... 25  
*FOTIVDA* ..... 17  
*FRINDOVYX* ..... 13  
*FRUZAQLA* ..... 17  
*FULPHILA* ..... 65  
*fulvestrant* ..... 14  
*furosemide* ..... 31  
*furosemide inj* ..... 31  
*FUZEON* ..... 6

*fyavolv tab 0.5mg-2.5mcg* ..... 58  
*fyavolv tab 1mg-5mcg* ..... 58  
*FYCOMPA* ..... 41  
**G**  
*gabapentin* ..... 41  
*gabapentin (once-daily)* ..... 46  
*galantamine hydrobromide* ..... 33  
*galbriela* ..... 54  
*gallifrey* ..... 60  
*GAMASTAN INJ* ..... 69  
*GAMMAGARD LIQUID* ..... 69  
*GAMMAGARD S/D IGA LESS TH..* ..... 69  
*GAMMAKED* ..... 69  
*GAMMAPLEX* ..... 69  
*GAMUNEX-C* ..... 69  
*ganciclovir sodium* ..... 8  
*GARDASIL 9* ..... 71  
*gatifloxacin (ophth)* ..... 74  
*GATTEX* ..... 63  
*GAUZE PADS 2* ..... 50  
*gavilyte-c* ..... 63  
*gavilyte-g* ..... 63  
*gavilyte-n/flavor pack* ..... 63  
*GAVRETO* ..... 17  
*gefitinib* ..... 17  
*gemcitabine hcl* ..... 13  
*gemfibrozil* ..... 28  
*GEMTESA* ..... 64  
*generlac* ..... 63  
*genograf* ..... 70  
*GENOTROPIN* ..... 59  
*GENOTROPIN MINIQUICK* ..... 59  
*gentamicin in saline inj 0.8 mg/ml* ..... 4  
*gentamicin in saline inj 1 mg/ml* ..... 4  
*gentamicin in saline inj 1.2 mg/ml* ..... 4  
*gentamicin in saline inj 1.6 mg/ml* ..... 4  
*gentamicin in saline inj 2 mg/ml* ..... 4  
*gentamicin sulfate* ..... 4  
*gentamicin sulfate (ophth)* ..... 74  
*gentamicin sulfate (topical)* ..... 81  
*GENVOYA TAB* ..... 8  
*GILOTrif* ..... 17  
*glatiramer acetate* ..... 46, 47  
*glatopa* ..... 47  
*GLEOSTINE* ..... 13

<i>glimepiride</i>	48
<i>glipizide</i>	48, 49
<i>glipizide xl</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49
<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>glycopyrrolate</i>	62
<i>glydo</i>	83
GLYXAMBI TAB 10-5 MG	49
GLYXAMBI TAB 25-5 MG	49
GOMEKLI	17
<i>granisetron hcl</i>	61
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	32
<i>guanfacine hcl (adhd)</i>	44
<b>H</b>	
HAEGARDA	66
<i>hailey 1.5/30</i>	54
<i>hailey 24 fe</i>	54
<i>halobetasol propionate</i>	83
<i>haloette</i>	54
<i>haloperidol</i>	37
<i>haloperidol decanoate</i>	37
<i>haloperidol lactate</i>	38
HARVONI PAK 33.75-150MG	8
HARVONI PAK 45-200MG	9
HARVONI TAB 45-200MG	9
HARVONI TAB 90-400MG	9
HAVRIX	71
<i>heather</i>	54
HEP SOD/NACL INJ 25000UNT	65
<i>heparin sodium (porcine)</i>	65
HEPLISAV-B	71
HERCEP HYLEC SOL 60-10000	17
HERCEPTIN	18
HERZUMA	18
HIBERIX	71
HUMIRA	67
HUMIRA PEN	67
HUMIRA PEN KIT PS/UV	67
HUMIRA PEN-CD/UC/HS START	67
HUMIRA PEN-PEDIATRIC UC S	67
HUMULIN R U-500 (CONCENTR	50
HUMULIN R U-500 KWIKPEN	50
<i>hydralazine hcl</i>	32
<i>hydrochlorothiazide</i>	31
<i>hydrocodone bitartrate</i>	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	58
<i>hydrocortisone (intrarectal)</i>	62
<i>hydrocortisone (rectal)</i>	84
<i>hydrocortisone (topical)</i>	83
<i>hydrocortisone sod succinate</i>	58
<i>hydrocortisone valerate</i>	83
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	76
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	69
<i>hydroxyurea</i>	15
<i>hydroxyzine hcl</i>	77
<i>hydroxyzine pamoate</i>	77
<b>I</b>	
<i>ibandronate sodium</i>	52
IBRANCE	18
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	66
<i>iclevia</i>	54
ICLUSIG	18
IDACIO (2 PEN)	67
IDACIO (2 SYRINGE)	67
IDACIO CROHN INJ DISEASE	68
IDACIO PLAQU INJ PSORIASIS	68
IDHIFA	18
<i>imatinib mesylate</i>	18
IMBRUWICA	18

<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	ISOLYTE-P INJ /D5W .....	72
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	ISOLYTE-S INJ PH 7.4.....	72
<i>imipramine hcl</i>	34	<i>isoniazid</i> .....	8
<i>imiquimod</i>	84	<i>isosorbide dinitrate</i> .....	32
<b>IMKELDI</b>	18	<i>isosorbide mononitrate</i> .....	32
<b>IMOVAX RABIES (H.D.C.V.)</b>	71	<i>isotretinoin</i> .....	81
<b>IMPAVIDO</b>	4	<i>isradipine</i> .....	30
<b>INBRIJA</b>	36	<b>ITOVEBI</b> .....	18
<i>incassia</i>	54	<i>itraconazole</i> .....	5
<b>INCRELEX</b>	59	<i>ivabradine hcl</i> .....	32
<b>INCRUSE ELLIPTA</b>	77	<i>ivermectin</i> .....	4
<i>indapamide</i>	31	<b>IWLFIN</b> .....	15
<b>INFANRIX INJ</b>	71	<b>IXCHIQ INJ</b> .....	71
<b>INFLIXIMAB</b>	68	<b>IXIARO INJ</b> .....	71
<b>INLYTA</b>	18	<b>J</b>	
<b>INQOVI TAB 35-100MG</b>	13	<i>jaimiess</i> .....	54
<b>INREBIC</b>	18	<b>JAKAFI</b> .....	18
<b>INSULIN PEN NEEDLES: BD-EMBECTA</b>	51	<i>jantoven</i> .....	65
<b>INSULIN SAFETY NEEDLES: BD-EMBECTA</b>	51	<b>JANUMET TAB 50-1000</b> .....	49
<b>INSULIN SYRINGES: BD-EMBECTA</b>	51	<b>JANUMET TAB 50-500MG</b> .....	49
<b>INTELENCE</b>	6	<b>JANUMET XR TAB 100-1000</b> .....	49
<b>INTRALIPID</b>	74	<b>JANUMET XR TAB 50-1000</b> .....	49
<i>introvale</i>	54	<b>JANUMET XR TAB 50-500MG</b> .....	49
<b>INVEGA HAFYERA</b>	38	<b>JANUVIA</b> .....	49
<b>INVEGA SUSTENNA</b>	38	<b>JARDIANC</b> .....	49
<b>INVEGA TRINZA</b>	38	<i>jasmiel</i> .....	54
<b>IPOL INJ INACTIVE</b>	71	<i>javygtor</i> .....	59
<i>ipratropium bromide</i>	77	<b>JAYPIRCA</b> .....	18
<i>ipratropium bromide (nasal)</i>	77	<b>JENTADUETO TAB 2.5-1000</b> .....	49
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	77	<b>JENTADUETO TAB 2.5-500</b> .....	49
<i>irbesartan</i>	27	<b>JENTADUETO TAB 2.5-850</b> .....	49
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	26	<b>JENTADUETO TAB XR 2.5-1000MG</b> .....	49
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	26	<b>JENTADUETO TAB XR 5-1000MG</b> 49	
<i>irinotecan hcl</i>	15	<i>jinteli</i> .....	58
<b>ISENTRESS</b>	6	<i>jolessa</i> .....	54
<b>ISENTRESS HD</b>	6	<i>juleber</i> .....	54
<i>isibloom</i>	54	<b>JULUCA TAB 50-25MG</b> .....	8

**K**

KADCYLA .....	18
<i>kaitlib fe</i> .....	54
KALETRA SOL .....	8
KALYDECO .....	79
KANJINTI .....	18
<i>kariva</i> .....	55
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	72
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	72
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	72
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	72
KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>kelnor 1/35</i> .....	55
<i>kelnor 1/50</i> .....	55
KERENDIA.....	25
KESIMPTA.....	47
<i>ketoconazole</i> .....	5
<i>ketoconazole (topical)</i> .....	82
<i>ketorolac tromethamine (ophth)</i> ..	75
KEYTRUDA .....	18
KINRIX INJ.....	71
<i>kionex</i> .....	53
KISQALI 200 DOSE .....	18
KISQALI 200 PAK FEMARA .....	19
KISQALI 400 DOSE .....	19
KISQALI 400 PAK FEMARA .....	19
KISQALI 600 DOSE .....	19

**KISQALI 600 PAK FEMARA..... 19**

<i>klayesta</i> .....	82
<i>klor-con</i> .....	73
<i>klor-con 10</i> .....	73
<i>klor-con 8</i> .....	73
<i>klor-con m10</i> .....	73
<i>klor-con m15</i> .....	73
<i>klor-con m20</i> .....	73
KOSELUGO .....	19
<i>kourzeq</i> .....	85
KRAZATI .....	19
<i>kurvelo</i> .....	55
<b>L</b>	
<i>labetalol hcl</i> .....	30
<i>lacosamide</i> .....	41
<i>lacosamide oral</i> .....	41
<i>lactated ringer's solution</i> .....	72
<i>lactic acid (ammonium lactate)</i> ..	84
<i>lactulose</i> .....	63
<i>lactulose (encephalopathy)</i> .....	63
<i>lamivudine</i> .....	6
<i>lamivudine (hbv)</i> .....	9
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	8
<i>lamotrigine</i> .....	41
<i>lanreotide acetate</i> .....	59
<i>lansoprazole</i> .....	64
<i>lapatinib ditosylate</i> .....	19
<i>larin 1.5/30</i> .....	55
<i>larin 1/20</i> .....	55
<i>larin 24 fe</i> .....	55
<i>larin fe 1.5/30</i> .....	55
<i>larin fe 1/20</i> .....	55
<i>latanoprost</i> .....	76
<i>layolis fe</i> .....	55
LAZCLUZE .....	19
<i>leflunomide</i> .....	69
<i>lenalidomide</i> .....	14
LENVIMA 10 MG DAILY DOSE.....	19
LENVIMA 12MG DAILY DOSE.....	19
LENVIMA 20 MG DAILY DOSE.....	19
LENVIMA 4 MG DAILY DOSE.....	19
LENVIMA 8 MG DAILY DOSE.....	19
LENVIMA CAP 14 MG.....	19
LENVIMA CAP 18 MG.....	19

LENVIMA CAP 24 MG .....	19	levo-t .....	60
<i>lessina</i> .....	55	<i>levothyroxine sodium</i> .....	60
<i>letrozole</i> .....	14	<i>levoxyl</i> .....	60
<i>leucovorin calcium</i> .....	24	<i>l-glutamine (sickle cell)</i> .....	66
LEUKERAN .....	13	<i>lidocaine</i> .....	83
<i>leuprolide acetate</i> .....	14	<i>lidocaine hcl</i> .....	83
<i>levalbuterol hcl</i> .....	78	<i>lidocaine hcl (local anesth.)</i> .....	1
<i>levalbuterol tartrate</i> .....	78	<i>lidocaine hcl (mouth-throat)</i> .....	85
<i>levetiracetam</i> .....	41	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	84
LEVETIRACETAM .....	41	<i>lidocan</i> .....	84
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....	41	LILETTA .....	55
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....	41	linezolid .....	4
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....	41	LINEZOLID INJ 2MG/ML .....	4
<i>levobunolol hcl</i> .....	76	LINZESS .....	63
<i>levocarnitine (metabolic modifiers)</i> .....	59	<i>liothyronine sodium</i> .....	61
<i>levocetirizine dihydrochloride</i> .....	77	<i>lisdexamphetamine dimesylate</i> .....	44
<i>levofloxacin</i> .....	10	<i>lisinopril</i> .....	25
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....	10	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	25
<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....	10	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	25
<i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....	10	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	25
<i>levonest</i> .....	55	<i>lithium</i> .....	46
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	55	<i>lithium carbonate</i> .....	46
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	55	LIVTENCITY .....	9
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	55	<i>loestrin 1.5/30-21</i> .....	55
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> 55		<i>loestrin 1/20-21</i> .....	55
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> ....	55	<i>loestrin fe 1.5/30</i> .....	55
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	55	<i>loestrin fe 1/20</i> .....	55
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	55	<i>lojaimiess</i> .....	55
<i>levora 0.15/30-28</i> .....	55	LOKELMA .....	53

<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	26	MATULANE .....	15
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	26	<i>matzim la</i> .....	30
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	26	MAVYRET PAK 50-20MG .....	9
LOTEMAX .....	75	MAVYRET TAB 100-40MG .....	9
<i>loteprednol etabonate</i> .....	75	<i>meclizine hcl</i> .....	61
<i>lovastatin</i> .....	28	<i>medroxyprogesterone acetate</i> ....	60
<i>low-ogestrel</i> .....	55	<i>medroxyprogesterone acetate</i> (contraceptive).....	55
<i>loxapine succinate</i> .....	38	<i>mefloquine hcl</i> .....	6
LUMAKRAS .....	19, 20	<i>megestrol acetate</i> .....	14, 60
LUMIGAN .....	76	<i>megestrol acetate (appetite)</i> .....	60
LUMIZYME .....	59	MEKINIST .....	20
LUPRON DEPOT (1-MONTH) .....	14	MEKTOVI .....	20
LUPRON DEPOT (3-MONTH) .....	14	<i>meleya</i> .....	55
LUPRON DEPOT-PED (1-MONTH) ..	59	<i>meloxicam</i> .....	1
LUPRON DEPOT-PED (3-MONTH) ..	60	<i>memantine hcl</i> .....	33
LUPRON DEPOT-PED (6-MONTH) ..	60	<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> .....	33
<i>lurasidone hcl</i> .....	38	<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> .....	33
<i>ltera</i> .....	55	<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> .....	33
LYBALVI TAB 10-10MG .....	38	MENACTRA INJ .....	71
LYBALVI TAB 15-10MG .....	38	MENQUADFI .....	71
LYBALVI TAB 20-10MG .....	38	MENVEO INJ .....	71
LYBALVI TAB 5-10MG .....	38	MENVEO SOL .....	71
<i>lyeq</i> .....	55	<i>mercaptopurine</i> .....	13
<i>yllana</i> .....	58	<i>meropenem</i> .....	4
LYNPARZA .....	20	<i>mesalamine</i> .....	62
LYSODREN .....	14	<i>mesalamine w/ cleanser</i> .....	62
LYTGOBI (12 MG DAILY DOSE) ..	20	<i>mesna</i> .....	24
LYTGOBI (16 MG DAILY DOSE) ..	20	MESNEX .....	24
LYTGOBI (20 MG DAILY DOSE) ..	20	<i>metformin hcl</i> .....	49
<i>lyza</i> .....	55	<i>methadone hcl</i> .....	2
<b>M</b>		<i>methadone hydrochloride i</i> .....	2
<i>magnesium sulfate</i> .....	73	<i>methazolamide</i> .....	31
MAGNESIUM SULFATE .....	72	<i>methenamine hippurate</i> .....	4
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	73	<i>methimazole</i> .....	61
<i>malathion</i> .....	84	<i>methocarbamol</i> .....	47
<i>maraviroc</i> .....	6	<i>methotrexate sodium</i> .....	13, 69
<i>marlissa</i> .....	55	<i>methoxsalen rapid</i> .....	82
MARPLAN .....	35	<i>methsuximide</i> .....	41
		<i>methylphenidate hcl</i> .....	44
		<i>methylprednisolone</i> .....	58
		<i>methylprednisolone acetate</i> .....	58

<i>methylprednisolone sod succ</i>	58	<i>moxifloxacin hcl</i>	10
<i>methyltestosterone</i>	48	<i>moxifloxacin hcl (ophth)</i>	74
<i>metoclopramide hcl</i>	61	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	11
<i>metolazone</i>	31	<i>MRESVIA</i>	71
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	29	<i>MULTAQ</i>	28
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	29	<i>multiple electrolytes ph 5.5</i>	73
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	29	<i>multiple electrolytes ph 7.4</i>	73
<i>metoprolol succinate</i>	30	<i>mupirocin</i>	81
<i>metoprolol tartrate</i>	30	<i>mycophenolate mofetil</i>	70
<i>metronidazole</i>	4	<i>mycophenolate sodium</i>	70
<i>metronidazole (topical)</i>	84	<i>MYRBETRIQ</i>	64
<i>metronidazole vaginal</i>	65	<b>N</b>	
<i>metyrosine</i>	32	<i>nabumetone</i>	1
<i>mibelas 24 fe</i>	55	<i>nadolol</i>	30
<i>micafungin sodium</i>	5	<i>nafcillin sodium</i>	11
<i>microgestin 1.5/30</i>	55	<i>NAGLAZYME</i>	60
<i>microgestin 1/20</i>	56	<i>nalbuphine hcl</i>	3
<i>microgestin fe 1.5/30</i>	56	<i>naloxone hcl</i>	48
<i>microgestin fe 1/20</i>	56	<i>naltrexone hcl</i>	48
<i>midodrine hcl</i>	32	<i>NAMZARIC CAP 14-10MG</i>	34
<i>MIEBO</i>	76	<i>NAMZARIC CAP 21-10MG</i>	34
<i>mifepristone (hyperglycemia)</i>	60	<i>NAMZARIC CAP 28-10MG</i>	34
<i>mil</i>	56	<i>NAMZARIC CAP 7-10MG</i>	33
<i>mimvey</i>	58	<i>NAMZARIC CAP PACK</i>	34
<i>minocycline hcl</i>	12	<i>naproxen</i>	1
<i>minoxidil</i>	32	<i>naproxen dr</i>	1
<i>mirtazapine</i>	35	<i>naproxen sodium</i>	1
<i>misoprostol</i>	63	<i>naratriptan hcl</i>	45
<i>MITIGARE</i>	1	<i>NATACYN</i>	74
<i>M-M-R II INJ</i>	71	<i>nateglinide</i>	49
<i>M-NATAL PLUS TAB</i>	73	<i>NAYZILAM</i>	41
<i>modafinil</i>	47	<i>nebivolol hcl</i>	30
<i>moexipril hcl</i>	25	<i>necon 0.5/35-28</i>	56
<i>molindone hcl</i>	38	<i>nefazodone hcl</i>	35
<i>mometasone furoate</i>	83	<i>neomycin sulfate</i>	4
<i>mometasone furoate (nasal)</i>	80	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	75
<i>MONJUVI</i>	20	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	75
<i>mono-linyah</i>	56	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>montelukast sodium</i>	78	<i>.....</i>	74
<i>morphine sulfate</i>	2		
<i>MOUNJARO</i>	49		
<i>MOVANTIK</i>	63		

<i>neomycin-polymyxin-</i>	
<i>dexamethasone ophth susp 0.1%</i>	74
.....	
.....	74
<i>neomycin-polymyxin-hc ophth susp</i>	
.....	74
<i>neomycin-polymyxin-hc otic soln</i>	
<i>1%</i> .....	76
<i>neomycin-polymyxin-hc otic susp</i>	
<i>3.5 mg/ml-10000 unit/ml-1%</i> ..	76
<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>10000unt op oin</i> .....	74
<i>neo-polycin hc ophth oint 1%</i> .....	74
<b>NERLYNX</b> .....	20
<i>nevirapine</i> .....	6
<b>NEXLETOL</b> .....	29
<b>NEXLIZET TAB 180/10MG</b> .....	29
<b>NEXPLANON</b> .....	56
<i>niacin (antihyperlipidemic)</i> .....	29
<i>nicardipine hcl</i> .....	30
<i>NICOTROL INHALER</i> .....	48
<i>NICOTROL NS</i> .....	48
<i>nifedipine</i> .....	30
<i>nikki</i> .....	56
<i>nilotinib hcl</i> .....	20
<i>nilutamide</i> .....	14
<i>nimodipine</i> .....	30
<b>NINLARO</b> .....	20
<i>nisoldipine</i> .....	30
<i>nitazoxanide</i> .....	4
<i>nitisinone</i> .....	60
<b>NITRO-BID</b> .....	32
<i>nitrofurantoin macrocrystal</i> .....	4
<i>nitrofurantoin monohyd macro</i> .....	4
<i>nitroglycerin</i> .....	32
<i>nitroglycerin (intra-anal)</i> .....	84
<i>nizatidine</i> .....	62
<i>nora-be</i> .....	56
<i>norelgestromin-ethinyl estradiol td</i>	
<i>ptwk 150-35 mcg/24hr</i> .....	56
<i>norethindrone (contraceptive)</i> .....	56
<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>chew tab 0.4 mg-35 mcg</i> .....	56
<i>norethindrone ace &amp; ethinyl</i>	
<i>estradiol tab 1 mg-20 mcg</i> .....	56
<i>norethindrone ace &amp; ethinyl</i>	
<i>estradiol-fe tab 1 mg-20 mcg ..</i>	56
<i>norethindrone ace-eth estradiol-fe</i>	
<i>chew tab 1 mg-20 mcg (24)....</i>	56
<i>norethindrone acetate</i> .....	60
<i>norethindrone acetate-ethinyl</i>	
<i>estradiol tab 0.5 mg-2.5 mcg ..</i>	58
<i>norethindrone acetate-ethinyl</i>	
<i>estradiol tab 1 mg-5 mcg.....</i>	58
<i>norethindrone ac-ethinyl estrad-fe</i>	
<i>tab 1-20/1-30/1-35 mg-mcg ...</i>	56
<i>norgestimate &amp; ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg.....</i>	56
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg.</i> 56	
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg.</i> 56	
<i>norlyroc</i> .....	56
<i>nortrel 0.5/35 (28)</i> .....	56
<i>nortrel 1/35 (21)</i> .....	56
<i>nortrel 1/35 (28)</i> .....	56
<i>nortrel 7/7/7</i> .....	56
<i>nortriptyline hcl</i> .....	35
<b>NORVIR</b> .....	6
<b>NOVOLIN INJ 70/30</b> .....	51
<b>NOVOLIN INJ 70/30 FP</b> .....	51
<b>NOVOLIN N</b> .....	51
<b>NOVOLIN N FLEXPEN</b> .....	51
<b>NOVOLIN R</b> .....	51
<b>NOVOLIN R FLEXPEN</b> .....	51
<b>NOVOLOG</b> .....	51
<b>NOVOLOG FLEXPEN</b> .....	51
<b>NOVOLOG MIX INJ 70/30</b> .....	51
<b>NOVOLOG MIX INJ FLEXPEN</b> .....	51
<b>NOVOLOG PENFILL</b> .....	51
<b>NUBEQA</b> .....	14
<b>NUEDEXTA CAP 20-10MG</b> .....	46
<b>NULOJIX</b> .....	70
<b>NUPLAZID</b> .....	38
<b>NURTEC</b> .....	45
<b>NUTRILIPID</b> .....	74
<b>NUZYRA</b> .....	12
<i>nyamyc</i> .....	82
<i>nylia 1/35</i> .....	56
<i>nylia 7/7/7</i> .....	56

<i>nystatin</i> .....	5	<i>omega-3-acid ethyl esters cap 1 gm</i> .....	29
<i>nystatin (mouth-throat)</i> .....	85	<i>omeprazole</i> .....	64
<i>nystatin (topical)</i> .....	82	OMNIPOD 5 DX KIT INT G7G6 ....	51
<i>nystop</i> .....	82	OMNIPOD 5 DX MIS POD G7G6 ..	51
<b>O</b>		OMNIPOD 5 G7 KIT INTRO.....	51
<i>ocella</i> .....	56	OMNIPOD 5 G7 MIS PODS .....	51
OCTAGAM .....	70	OMNIPOD 5 L2 KIT INTRO G6 ....	51
<i>octreotide acetate</i> .....	60	OMNIPOD 5 L2 MIS PODS G6.....	51
ODEFSEY TAB.....	8	OMNIPOD DASH KIT INTRO .....	51
ODOMZO .....	20	OMNIPOD DASH MIS PODS.....	51
OFEV.....	79	OMNIPOD GO KIT 10UNT/DY ....	51
<i>ofloxacin (ophth)</i> .....	75	OMNIPOD GO KIT 15UNT/DY ....	51
<i>ofloxacin (otic)</i> .....	76	OMNIPOD GO KIT 20UNT/DY ....	51
OGIVRI.....	20	OMNIPOD GO KIT 25UNT/DY ....	51
OGSIVEO .....	20	OMNIPOD GO KIT 30UNT/DY ....	52
OJEMDA.....	20	OMNIPOD GO KIT 35UNT/DY ....	52
OJJAARA.....	20	OMNIPOD GO KIT 40UNT/DY ....	52
<i>olanzapine</i> .....	38	OMNIPOD MIS CLASSIC .....	52
<i>olmesartan medoxomil</i> .....	27	<i>ondansetron</i> .....	61
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5</i>		<i>ondansetron hcl</i> .....	61
<i>mg</i> .....	26	ONTRUZANT .....	20
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5</i>		ONUREG .....	13
<i>mg</i> .....	26	OPIPZA .....	38
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i>		OPSUMIT.....	33
.....	27	ORGOVYX.....	14
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i>		ORKAMBI GRA 100-125.....	79
<i>mg</i> .....	27	ORKAMBI GRA 150-188.....	79
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i>		ORKAMBI GRA 75-94MG.....	79
<i>12.5 mg</i> .....	27	ORKAMBI TAB 100-125 .....	79
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25</i>		ORKAMBI TAB 200-125 .....	79
<i>mg</i> .....	27	<i>orquidea</i> .....	56
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i>		ORSERDU.....	14
<i>mg</i> .....	27	<i>oseltamivir phosphate</i> .....	9
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25</i>		<i>oxacillin sodium</i> .....	11
<i>mg</i> .....	27	<i>oxaliplatin</i> .....	13
<i>olopatadine hcl (nasal)</i> .....	77	<i>oxaprozin</i> .....	1
		<i>oxcarbazepine</i> .....	41
		<i>oxybutynin chloride</i> .....	64, 65
		<i>oxycodone hcl</i> .....	3
		<i>oxycodone w/ acetaminophen tab</i> <i>10-325 mg</i> .....	3
		<i>oxycodone w/ acetaminophen tab</i> <i>2.5-325 mg</i> .....	3

<i>oxycodone w/ acetaminophen tab</i>	85
<i>5-325 mg</i> .....3	
<i>oxycodone w/ acetaminophen tab</i>	
<i>7.5-325 mg</i> .....3	
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE)</i>	
.....49	
<i>OZEMPIC (0.25 OR 0.5MG/DOSE)49</i>	
<i>OZEMPIC (1MG/DOSE)</i> .....49	
<i>OZEMPIC (2MG/DOSE)</i> .....49	
<b>P</b>	
<i>pacerone</i> .....28	
<i>paclitaxel</i> .....15	
<i>paclitaxel inj 100mg</i> .....15	
<i>paliperidone</i> .....38	
<i>pamidronate disodium</i> .....52	
<i>PAMIDRONATE DISODIUM</i> .....52	
<i>PANRETIN</i> .....84	
<i>pantoprazole sodium</i> .....64	
<i>PANZYGA</i> .....70	
<i>paricalcitol</i> .....61	
<i>paroxetine hcl</i> .....35	
<i>PAXLOVID PAK</i> .....9	
<i>PAXLOVID TAB 150-100</i> .....9	
<i>PAXLOVID TAB 300-100</i> .....9	
<i>pazopanib hcl</i> .....20	
<i>PEDIARIX INJ 0.5ML</i> .....71	
<i>PEDVAX HIB</i> .....71	
<i>peg 3350-kcl-na bicarb-nacl-na</i>	
<i>sulfate for soln 236 gm</i> .....63	
<i>peg 3350-kcl-sod bicarb-nacl for</i>	
<i>soln 420 gm</i> .....63	
<i>PEGASYS</i> .....9	
<i>PEMAZYRE</i> .....20	
<i>pemetrexed disodium</i> .....13	
<i>PENBRAYA INJ</i> .....71	
<i>penicillamine</i> .....53	
<i>penicillin g potassium</i> .....11	
<i>penicillin g sodium</i> .....11	
<i>penicillin v potassium</i> .....11	
<i>PENTACEL INJ</i> .....71	
<i>pentamidine isethionate inh</i> .....4	
<i>pentamidine isethionate inj</i> .....4	
<i>pentoxifylline</i> .....66	
<i>perampanel</i> .....41, 42	
<i>perindopril erbumine</i> .....25	
<i>periogard</i> .....	85
<i>permethrin</i> .....	84
<i>perphenazine</i> .....	38
<i>pfizerpen</i> .....	12
<i>phenelzine sulfate</i> .....	35
<i>phenobarbital</i> .....	42
<i>phenobarbital sodium</i> .....	42
<i>phenytek</i> .....	42
<i>phenytoin</i> .....	42
<i>phenytoin sodium</i> .....	42
<i>phenytoin sodium extended</i> .....	42
<i>PHESGO SOL</i> .....	20
<i>philith</i> .....	56
<i>PIFELTRO</i> .....	6
<i>pilocarpine hcl</i> .....	76
<i>pilocarpine hcl (oral)</i> .....	85
<i>pimecrolimus</i> .....	84
<i>pimozide</i> .....	38
<i>pimtrea</i> .....	56
<i>pindolol</i> .....	30
<i>pioglitazone hcl</i> .....	49
<i>pioglitazone hcl-metformin hcl tab</i>	
<i>15-500 mg</i> .....	49
<i>pioglitazone hcl-metformin hcl tab</i>	
<i>15-850 mg</i> .....	49
<i>piperacillin sod-tazobactam na for</i>	
<i>inj 3.375 gm (3-0.375 gm)</i> .....	12
<i>piperacillin sod-tazobactam sod for</i>	
<i>inj 13.5 gm (12-1.5 gm)</i> .....	12
<i>piperacillin sod-tazobactam sod for</i>	
<i>inj 2.25 gm (2-0.25 gm)</i> .....	12
<i>piperacillin sod-tazobactam sod for</i>	
<i>inj 4.5 gm (4-0.5 gm)</i> .....	12
<i>piperacillin sod-tazobactam sod for</i>	
<i>inj 40.5 gm (36-4.5 gm)</i> .....	12
<i>PIQRAY 200MG DAILY DOSE</i> .....	21
<i>PIQRAY 250MG TAB DOSE</i> .....	21
<i>PIQRAY 300MG DAILY DOSE</i> .....	21
<i>pirfenidone</i> .....	79
<i>piroxicam</i> .....	1
<i>pitavastatin calcium</i> .....	28
<i>plenamine</i> .....	74
<i>PLENUV SOL</i> .....	63
<i>podofilox</i> .....	84
<i>polycin ophth oint</i> .....	75

<i>polymyxin b sulfate</i>	4
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	75
POMALYST	14
<i>portia-28</i>	56
<i>posaconazole</i>	5
POT CHL 20MEQ/L IN NACL 0.45% INJ	73
POT CHL 20MEQ/L IN NACL 0.9% INJ	73
POT CHL 40MEQ/L IN NACL 0.9% INJ	73
<i>potassium chloride</i>	73
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	73
<i>potassium chloride microencapsulated crystals er</i>	73
<i>potassium citrate (alkalinizer)</i>	64
<i>pramipexole dihydrochloride</i>	36
<i>prasugrel hcl</i>	66
<i>pravastatin sodium</i>	28
<i>praziquantel</i>	4
<i>prazosin hcl</i>	25
<i>prednisolone</i>	58
<i>prednisolone acetate (ophth)</i>	75
PREDNISOLONE SODIUM PHOSP.	75
<i>prednisolone sodium phosphate</i>	59
<i>prednisone</i>	59
PREDNISONE INTENSOL	59
<i>pregabalin</i>	42
PREMASOL SOL 10%	74
PRENATAL TAB 27-1MG	73
PRENATAL TAB PLUS	73
<i>prevalite</i>	29
PREVYMIS	9
PREZCOBIX TAB 800-150	8
PREZISTA	6, 7
PRIFTIN	8
<i>primaquine phosphate</i>	6
PRIMAQUINE PHOSPHATE	6
<i>primidone</i>	42
PRIORIX INJ	71
PRIVIGEN	70
<i>probenecid</i>	1
<i>prochlorperazine</i>	61
<i>prochlorperazine edisylate</i>	61
<i>prochlorperazine maleate</i>	61
PROCRIPT	66
<i>proctocort</i>	84
<i>procto-med hc</i>	84
<i>proctosol hc</i>	84
<i>proctozone-hc</i>	84
<i>progesterone</i>	60
PROGRAF	70
PROLASTIN-C	79
PROLIA	52
<i>promethazine hcl</i>	62
<i>propafenone hcl</i>	28
<i>proparacaine hcl</i>	76
<i>propranolol hcl</i>	30
<i>propylthiouracil</i>	61
PROQUAD INJ	71
PROSOL INJ 20%	74
<i>protriptyline hcl</i>	35
PULMOZYME	79
PURIXAN	13
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	46
<i>pyrimethamine</i>	4
PYZCHIVA	68
<b>Q</b>	
QINLOCK	21
QUADRACEL INJ 0.5ML	71
<i>quetiapine fumarate</i>	38, 39
<i>quinapril hcl</i>	25
<i>quinidine sulfate</i>	28
<i>quinine sulfate</i>	6
QULIPTA	45
<b>R</b>	
RABAVERT INJ	71
<i>rabeprazole sodium</i>	64
RALDESY	35
<i>raloxifene hcl</i>	60
<i>ramipril</i>	25
<i>ranolazine</i>	32
<i>rasagiline mesylate</i>	36
<i>reclipsen</i>	56
RECOMBIVAX HB	71
REGRANEX	84
RELENZA DISKHALER	9

RELISTOR .....	63	RYBELSUS .....	50
REMICADE .....	68	RYDAPT .....	21
RENFLEXIS.....	68	<b>S</b>	
<i>repaglinide</i> .....	49, 50	<i>sajazir</i> .....	66
REPATHA .....	29	SANTYL.....	84
REPATHA PUSHTRONEX SYSTEM .	29	<i>sapropterin dihydrochloride</i> .....	60
REPATHA SURECLICK .....	29	SCEMBLIX .....	21
RESTASIS .....	76	<i>scopolamine</i> .....	62
RESTASIS MULTIDOSE .....	76	SECUADO.....	39
RETEVMO.....	21	<i>selegiline hcl</i> .....	36
REVUFORJ.....	21	<i>selenium sulfide</i> .....	82
REXULTI .....	39	SELZENTRY .....	7
REYATAZ .....	7	SEREVENT DISKUS.....	78
REZLIDHIA.....	21	<i>sertraline hcl</i> .....	35
REZUROCK.....	70	<i>setlakin</i> .....	56
RHOPRESSA .....	76	<i>sharobel</i> .....	57
<i>ribavirin (hepatitis c)</i> .....	9	SHINGRIX .....	71
<i>rifabutin</i> .....	8	SIGNIFOR .....	60
<i>rifampin</i> .....	8	SIKLOS .....	66
<i>riluzole</i> .....	46	<i>sildenafil citrate (pulmonary hypertension)</i> .....	33
<i>rimantadine hydrochloride</i> .....	9	<i>silodosin</i> .....	64
RINVOQ.....	68	<i>silver sulfadiazine</i> .....	81
RINVOQ LQ .....	68	SIMBRINZA SUS 1-0.2% .....	76
<i>risedronate sodium</i> .....	52	<i>simliya</i> .....	57
<i>risperidone</i> .....	39	<i>simpesse</i> .....	57
<i>risperidone microspheres</i> .....	39	<i>simvastatin</i> .....	28
<i>ritonavir</i> .....	7	<i>sirolimus</i> .....	70
<i>rivaroxaban</i> .....	65	SIRTURO.....	8
<i>rivastigmine</i> .....	34	SKYRIZI.....	68
<i>rivastigmine tartrate</i> .....	34	SKYRIZI PEN .....	68
<i>rivelsa</i> .....	56	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	63
<i>rizatriptan benzoate</i> .....	45	<i>sodium chloride</i> .....	73
ROCKLATAN DRO .....	76	<i>sodium chloride (gu irrigant)</i> .....	84
<i>roflumilast</i> .....	79	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	73
ROMVIMZA .....	21	SODIUM OXYBATE .....	47
<i>ropinirole hydrochloride</i> .....	36	<i>sodium phenylbutyrate</i> .....	60
<i>rosuvastatin calcium</i> .....	28	<i>sodium polystyrene sulfonate powder</i> .....	53
<i>rosyrah</i> .....	56	<i>solifenacin succinate</i> .....	65
ROTARIX SUS.....	71	SOLIQUA INJ 100/33 .....	52
ROTATEQ SOL .....	71	SOLTAMOX .....	14
<i>roweepra</i> .....	42	SOLU-CORTEF.....	59
ROZLYTREK.....	21		
RUBRACA.....	21		
<i>rufinamide</i> .....	42		
RUKOBIA .....	7		

SOMATULINE DEPOT .....	60
SOMAVERT.....	60
<i>sorafenib tosylate</i> .....	21
<i>sotalol hcl</i> .....	28
<i>sotalol hcl (afib/afl)</i> .....	28
SOTYKTU .....	68
<i>spironolactone</i> .....	25
<i>spironolactone &amp;</i> <i>hydrochlorothiazide tab 25-25 mg</i> .....	31
<i>sprintec 28</i> .....	57
SPRITAM.....	42
<i>sps</i> .....	53
<i>sps rectal</i> .....	53
<i>sronyx</i> .....	57
<i>ssd</i> .....	81
STELARA .....	68
STIVARGA.....	21
<i>streptomycin sulfate</i> .....	4
STRIBILD TAB .....	8
<i>subvenite</i> .....	42
<i>sucralfate</i> .....	63
<i>sulfacetamide sodium (acne)</i> .....	81
<i>sulfacetamide sodium (ophth)</i> .....	75
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i> .....	74
<i>sulfadiazine</i> .....	4
<i>sulfamethoxazole-trimethoprim iv</i> <i>soln 400-80 mg/5ml</i> .....	4
<i>sulfamethoxazole-trimethoprim</i> <i>susp 200-40 mg/5ml</i> .....	4
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i> .....	4
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i> .....	5
SULFAMYLON .....	82
<i>sulfasalazine</i> .....	62
<i>sulindac</i> .....	1
<i>sumatriptan</i> .....	45
<i>sumatriptan succinate</i> .....	45
<i>sunitinib malate</i> .....	22
SUNLENCA .....	7
<i>syeda</i> .....	57
SYMDEKO TAB 100-150 .....	79
SYMDEKO TAB 50-75MG .....	79
<b>SYMPAZAN</b> .....	<b>42</b>
<b>SYMTUZA TAB</b> .....	<b>8</b>
<b>SYNAREL</b> .....	<b>60</b>
<b>SYNJARDY TAB 12.5-1000MG</b> ....	<b>50</b>
<b>SYNJARDY TAB 12.5-500</b> .....	<b>50</b>
<b>SYNJARDY TAB 5-1000MG</b> .....	<b>50</b>
<b>SYNJARDY TAB 5-500MG</b> .....	<b>50</b>
<b>SYNJARDY XR TAB 10-1000</b> .....	<b>50</b>
<b>SYNJARDY XR TAB 12.5-1000</b> ...	<b>50</b>
<b>SYNJARDY XR TAB 25-1000</b> .....	<b>50</b>
<b>SYNJARDY XR TAB 5-1000MG</b> ....	<b>50</b>
<b>SYNTROID</b> .....	<b>61</b>
<b>T</b>	
<b>TABLOID</b> .....	<b>13</b>
<b>TABRECTA</b> .....	<b>22</b>
<i>tacrolimus</i> .....	70
<i>tacrolimus (topical)</i> .....	84
<i>tadalafil</i> .....	64
<i>tadalafil (pulmonary hypertension)</i> .....	33
<b>TAFINLAR</b> .....	<b>22</b>
<b>TAGRISSO</b> .....	<b>22</b>
<b>TALZENNA</b> .....	<b>22</b>
<i>tamoxifen citrate</i> .....	14
<i>tamsulosin hcl</i> .....	64
<i>tarina 24 fe</i> .....	57
<i>tarina fe 1/20 eq</i> .....	57
<b>TASIGNA</b> .....	<b>22</b>
<i>tasimelteon</i> .....	45
<b>TAVNEOS</b> .....	<b>66</b>
<i>tazarotene</i> .....	82
<i>tazicef</i> .....	10
<b>TAZORAC</b> .....	<b>82</b>
<b>TAZVERIK</b> .....	<b>22</b>
<b>TECENTRIQ</b> .....	<b>22</b>
<b>TECENTRIQ INJ HYBREZA</b> .....	<b>22</b>
<b>TEFLARO</b> .....	<b>10</b>
<i>telmisartan</i> .....	27
<i>telmisartan-amlodipine tab 40-10</i> <i>mg</i> .....	27
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	27
<i>telmisartan-amlodipine tab 80-10</i> <i>mg</i> .....	27

<i>telmisartan-amlodipine tab 80-5 mg</i>	27
<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
<i>temazepam</i>	45
TENIVAC INJ 5-2LF	71
<i>tenofovir disoproxil fumarate</i>	7
TEPMETKO	22
<i>terazosin hcl</i>	25
<i>terbinafine hcl</i>	5
<i>terbutaline sulfate</i>	78
<i>terconazole vaginal</i>	65
TERIPARATIDE	52
<i>testosterone</i>	48
<i>testosterone cypionate</i>	48
<i>testosterone enanthate</i>	48
<i>testosterone pump</i>	48
<i>tetrabenazine</i>	46
<i>tetracycline hcl</i>	12
THALOMID	15
THEO-24	79
<i>theophylline</i>	79
<i>thioridazine hcl</i>	39
<i>thiothixene</i>	39
<i>tiadylt er</i>	30
<i>tiagabine hcl</i>	42
TIBSOVO	22
<i>ticagrelor</i>	66
TICOVAC	71
<i>tigecycline</i>	12
<i>tilia fe</i>	57
<i>timolol maleate</i>	30
<i>timolol maleate (ophth)</i>	76
<i>tinidazole</i>	5
TIVICAY	7
TIVICAY PD	7
<i>tizanidine hcl</i>	47
TOBI PODHALER	5
TOBRADEX OIN 0.3-0.1%	74
<i>tobramycin</i>	5
<i>tobramycin (ophth)</i>	75
<i>tobramycin sulfate</i>	5
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	74
<i>tolterodine tartrate</i>	65
<i>topiramate</i>	42
<i>toremifene citrate</i>	14
<i>torpenz</i>	22
<i>torsemide</i>	31
TOUJEO MAX SOLOSTAR	52
TOUJEO SOLOSTAR	52
TPN ELECTROL INJ	73
TRADJENTA	50
<i>tramadol hcl</i>	3
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3
<i>trandolapril</i>	25
<i>tranexamic acid</i>	66
<i>tranylcypromine sulfate</i>	35
TRAVASOL INJ 10%	74
<i>travoprost</i>	76
TRAZIMERA	22
<i>trazodone hcl</i>	35
TRECATOR	8
TRELEGY AER ELLIPTA 100-62.5-25 MCG	77
TRELEGY AER ELLIPTA 200-62.5-25 MCG	77
TREMFYA	68
TREMFYA INDUCTION PACK FO	68
<i>treprostinil</i>	33
TRESIBA	52
TRESIBA FLEXTOUCH	52
<i>tretinoin</i>	81
<i>tretinoin (chemotherapy)</i>	15
<i>triamcinolone acetonide (mouth)</i>	85
<i>triamcinolone acetonide (topical)</i>	83
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	31
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	31
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	31
<i>tridacaine ii</i>	84
<i>triderm</i>	83
<i>trientine hcl</i>	53

*tri-estarrylla* ..... 57  
*trifluoperazine hcl* ..... 39  
*trifluridine* ..... 75  
*trihexyphenidyl hcl* ..... 36  
 TRIJARDY XR TAB ER 24HR 10.5-  
     1000MG ..... 50  
 TRIJARDY XR TAB ER 24HR 12.5-  
     2.5-1000MG ..... 50  
 TRIJARDY XR TAB ER 24HR 25.5-  
     1000MG ..... 50  
 TRIJARDY XR TAB ER 24HR 5-2.5-  
     1000MG ..... 50  
 TRIKAFTA PAK 59.5MG ..... 79  
 TRIKAFTA PAK 75MG ..... 79  
 TRIKAFTA TAB 100-50-75MG &  
     150MG ..... 79  
 TRIKAFTA TAB 50-25-37.5MG &  
     75MG ..... 79  
*tri-legest fe* ..... 57  
*tri-linyah* ..... 57  
*tri-lo-estarrylla* ..... 57  
*tri-lo-marzia* ..... 57  
*tri-lo-mili* ..... 57  
*tri-lo-sprintec* ..... 57  
*trimethoprim* ..... 5  
*tri-mili* ..... 57  
*trimipramine maleate* ..... 35  
 TRINTELLIX ..... 35  
*tri-nymyo* ..... 57  
*tri-sprintec* ..... 57  
 TRIUMEQ PD TAB ..... 8  
 TRIUMEQ TAB ..... 8  
*tri-vylibra* ..... 57  
*tri-vylibra lo* ..... 57  
 TROGARZO ..... 7  
 TROPHAMINE INJ 10% ..... 74  
*trospium chloride* ..... 65  
 TRULICITY ..... 50  
 TRUMENBA ..... 71  
 TRUQAP ..... 22  
 TRUXIMA ..... 22  
 TUKYSA ..... 22  
 TURALIO ..... 22  
*turqoz* ..... 57

*twice-daily clindamycin phosphate  
(topical)* ..... 81  
 TWINRIX INJ ..... 71  
 TYBOST ..... 7  
*tydemy* ..... 57  
 TYENNE ..... 68, 69  
 TYPHIM VI ..... 72  
**U**  
 UBRELVY ..... 45  
*unithroid* ..... 61  
*ursodiol* ..... 63  
**V**  
*valacyclovir hcl* ..... 9  
 VALCHLOR ..... 84  
*valganciclovir hcl* ..... 9  
*valproate sodium* ..... 42  
*valproic acid* ..... 42  
*valsartan* ..... 27  
*valsartan-hydrochlorothiazide tab  
160-12.5 mg* ..... 27  
*valsartan-hydrochlorothiazide tab  
160-25 mg* ..... 27  
*valsartan-hydrochlorothiazide tab  
320-12.5 mg* ..... 27  
*valsartan-hydrochlorothiazide tab  
320-25 mg* ..... 27  
*valsartan-hydrochlorothiazide tab  
80-12.5 mg* ..... 27  
 VALTOCO 10 MG DOSE ..... 43  
 VALTOCO 15 MG DOSE ..... 43  
 VALTOCO 20 MG DOSE ..... 43  
 VALTOCO 5 MG DOSE ..... 43  
*valtya 1/50* ..... 57  
*vancomycin hcl* ..... 5  
 VANCOMYCIN INJ 1 GM ..... 5  
 VANCOMYCIN INJ 500MG ..... 5  
 VANCOMYCIN INJ 750MG ..... 5  
 VANFLYTA ..... 22  
 VAQTA ..... 72  
*varenicline tartrate* ..... 48  
*varenicline tartrate tab 11 x 0.5 mg  
& 42 x 1 mg start pack* ..... 48  
 VARIVAX ..... 72  
 VASCEPA ..... 29  
 VAXCHORA SUS ..... 72

<i>velivet</i> .....	57
VELSIPITY .....	69
VENCLEXTA .....	22, 23
VENCLEXTA TAB START PK .....	23
<i>venlafaxine hcl</i> .....	35
VENTOLIN HFA .....	78
VENTOLIN HFA (INSTITUTIONAL PACK) .....	78
VEOZAH .....	60
<i>verapamil hcl</i> .....	31
VERQUVO .....	32
VERSACLOZ .....	39
VERZENIO .....	23
<i>vestura</i> .....	57
<i>vienna</i> .....	57
<i>vigabatrin</i> .....	43
<i>vigadron</i> e .....	43
VIGAFYDE .....	43
<i>vigpoder</i> .....	43
<i>vilazodone hcl</i> .....	35
VIMKUNYA .....	72
<i>vincristine sulfate</i> .....	15
<i>vinorelbine tartrate</i> .....	15
<i>viorele</i> .....	57
VIRACEPT .....	7
VIREAD .....	7
VITRAKVI .....	23
VIVIMUSTA .....	13
VIVITROL .....	48
VIVOTIF CAP EC .....	72
VIZIMPRO .....	23
VONJO .....	23
VORANIGO .....	23
<i>voriconazole</i> .....	5, 6
VOSEVI TAB .....	9
VOWST CAP .....	63
VRAYLAR .....	39
<i>vyfemla</i> .....	57
<i>vylibra</i> .....	57
VYZULTA .....	76
<b>W</b>	
<i>warfarin sodium</i> .....	65
<i>water for irrigation, sterile irrigation soln</i> .....	84
WELIREG .....	15
<i>wera</i> .....	57
WESTAB PLUS TAB 27-1MG .....	73
<i>wixela inhub</i> .....	81
<i>wymzya fe</i> .....	57
WYOST .....	52
<b>X</b>	
XALKORI .....	23
<i>xarah fe</i> .....	57
XARELTO .....	65
XARELTO STAR TAB 15/20MG ....	65
XATMEP .....	69
XCOPRI .....	43
XCOPRI PAK 100-150 .....	43
XCOPRI PAK 12.5-25 .....	43
XCOPRI PAK 150-200MG (MAINTENANCE) .....	43
XCOPRI PAK 150-200MG (TITRATION) .....	43
XCOPRI PAK 50-100MG .....	43
XDEMVY .....	75
XELJANZ .....	69
XELJANZ XR .....	69
<i>xelria fe</i> .....	57
XERMELO .....	63
XGEVA .....	52
XHANCE .....	80
XIFAXAN .....	63
XIGDUO XR TAB 10-1000 .....	50
XIGDUO XR TAB 10-500MG .....	50
XIGDUO XR TAB 2.5-1000 .....	50
XIGDUO XR TAB 5-1000MG .....	50
XIGDUO XR TAB 5-500MG .....	50
XiIDRA .....	76
XOLAIR .....	79, 80
XOSPATA .....	23
XPOVIO PAK (100 MG ONCE WEEKLY) .....	23
XPOVIO PAK (40 MG ONCE WEEKLY) .....	23
XPOVIO PAK (40 MG TWICE WEEKLY) .....	23
XPOVIO PAK (60 MG ONCE WEEKLY) .....	23
XPOVIO PAK (60 MG TWICE WEEKLY) .....	23

XPOVIO PAK (80 MG ONCE WEEKLY).....	23	ZENPEP CAP 25000UNT.....	64
XPOVIO PAK (80 MG TWICE WEEKLY).....	23	ZENPEP CAP 3000UNIT.....	64
XTANDI .....	14	ZENPEP CAP 40000UNT.....	64
xulane .....	57	ZENPEP CAP 5000UNIT.....	64
XULTOPHY INJ 100/3.6 .....	52	ZENPEP CAP 60000UNT.....	64
<b>Y</b>		ZERVIATE.....	75
YESINTEK .....	69	zidovudine.....	7
YF-VAX INJ .....	72	ziprasidone hcl.....	39
YONSA .....	14	ziprasidone mesylate .....	39
YUTREPIA .....	33	ZIRABEV .....	24
<i>yuvafem</i> .....	58	ZIRGAN .....	75
<b>Z</b>		zoledronic acid.....	52
<i>zafemy</i> .....	57	ZOLINZA.....	24
<i>zafirlukast</i> .....	78	zolpidem tartrate.....	45
ZARXIO .....	66	ZONISADE.....	43
ZEGALOGUE.....	59	<i>zonisamide</i> .....	43
ZEJULA.....	23	zovia 1/35 .....	57
ZELBORAF .....	24	ZTALMY .....	43
ZEMAIRA .....	80	<i>zumandimine</i> .....	57
<i>zenatane</i> .....	81	ZURZUVAE .....	35
ZENPEP CAP 10000UNT .....	64	ZYDELIG .....	24
ZENPEP CAP 15000UNT .....	64	ZYKADIA.....	24
ZENPEP CAP 20000UNT .....	64	ZYLET SUS 0.5-0.3% .....	74
		ZYPITAMAG .....	29



## Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-633-1542 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-633-1542 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-633-1542 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-633-1542 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-633-1542 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-633-1542 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-633-1542 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-633-1542 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-633-1542 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-633-1542 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न केजवाब कैरेलिए हमारेपास मुफ्त दुभाषिया खाँड़पतलब्ध हैं। एक दुभाषिया प्राप्त करनेक्लिए, बस हमें 1-800-633-1542 (TTY: 711) पर फोन करेंकोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-633-1542 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-633-1542 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-633-1542 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-633-1542 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-633-1542 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料 のサー ビスです。



# Formulary 2025

List of Covered Drugs  
or "Drug List"

This formulary was updated on 08/20/2025.

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, 8 a.m. – 8 p.m. (Oct. 1 – Mar. 31, 7 days a week, 8 a.m. – 8 p.m.), or visit [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare).

417 20th Street North, Suite 1100  
Birmingham, Alabama 35203

[www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)



VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, color, national origin, age, disability, religion, or sex (including sex characteristics, including interstitial intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務. 請致電 1-800-633-1542 (TTY: 711).



VIVA MEDICARE INFIRMARY HEALTH ADVANTAGE (HMO)

H0154\_mc doc4198A\_C\_08/13/2024