

FORMULARY

LIST OF COVERED DRUGS



This formulary was updated on 1/1/2024. If you have question or need additional information, please contact VIVA HEALTH at 1-800-294 7780, Monday - Friday, 8 a.m. - 5 p.m.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	31
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	56
CARDIOVASCULAR, HYPERTENSION & LIPIDS	107
DERMATOLOGICALS/TOPICAL THERAPY	134
DIAGNOSTICS & MISCELLANEOUS AGENTS	168
EAR, NOSE & THROAT MEDICATIONS	175
ENDOCRINE/DIABETES	178
GASTROENTEROLOGY	197
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	213
IMMUNOLOGY	229
MUSCULOSKELETAL & RHEUMATOLOGY	230
OBSTETRICS & GYNECOLOGY	239
OPHTHALMOLOGY	255
RESPIRATORY, ALLERGY, COUGH & COLD	268
UROLOGICALS	284
VITAMINS, HEMATINICS & ELECTROLYTES	287
Index	297

List of Abbreviations

FE: Formulary Exclusion. Requires exception for approval.

NPB: Non-Preferred Brand

NPG: Non-Preferred Generic-If your plan has one tier for generics, the copay will be the same for preferred and non-preferred generic medications

NPS: Non-Preferred Specialty-If your plan has one tier for specialty, the coinsurance will be the same for preferred and non-preferred specialty medications

PB: Preferred Brand

PG: Preferred Generic-If your plan has one tier for generics, the copay will be the same for the preferred and non-preferred generic medications

PS: Preferred Specialty-If your plan has one tier for specialty, the coinsurance will be the same for preferred and non-preferred specialty medications

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTI - INFECTIVES			
ANTIFUNGAL AGENTS			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	PB		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	NPB		amphotericin b liposome
amphotericin b injection recon soln 50 mg	PG		
amphotericin b liposome intravenous suspension for reconstitution 50 mg	PG		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	NPB		flucytosine
BREXAFEMME ORAL TABLET 150 MG	NPB	QL	fluconazole
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	NPB		casprofungin acetate
casprofungin intravenous recon soln 50 mg, 70 mg	PG		
clotrimazole mucous membrane troche 10 mg	PG		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	PB	PA	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	PB	PA	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	NPB		fluconazole
DIFLUCAN ORAL TABLET 100 MG, 200 MG	NPB		fluconazole
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	PB		
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	PG	PA	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fluconazole oral tablet 100 mg, 200 mg, 50 mg	PG		
fluconazole oral tablet 150 mg	PG	QL	
flucytosine oral capsule 250 mg, 500 mg	PG		
griseofulvin microsize oral suspension 125 mg/5 ml	PG		
griseofulvin microsize oral tablet 500 mg	PG		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	PG		
itraconazole oral capsule 100 mg	PG	QL	
itraconazole oral solution 10 mg/ml	PG	QL	
ketoconazole oral tablet 200 mg	PG		
miconazole intravenous recon soln 100 mg, 50 mg	PG		
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	NPB		miconazole
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	NPB	PA	posaconazole
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	PB	PA	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	NPB	PA	posaconazole
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	FE	PA	posaconazole
nystatin oral suspension 100,000 unit/ml	PG		
nystatin oral tablet 500,000 unit	PG		
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	NPB		nystatin, clotrimazole
posaconazole intravenous solution 300 mg/16.7 ml	PG	PA	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	PG	PA	
posaconazole oral tablet, delayed release (dr/ec) 100 mg	PG	PA	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	NPB		
SPORANOX ORAL CAPSULE 100 MG	NPB	QL	itraconazole

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SPORANOX ORAL SOLUTION 10 MG/ML	NPB	QL	itraconazole
terbinafine hcl oral tablet 250 mg	PG		
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	FE	PA; QL	itraconazole
VFEND IV INTRAVENOUS RECON SOLN 200 MG	NPB	PA	voriconazole
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	NPB	PA	voriconazole
VFEND ORAL TABLET 200 MG, 50 MG	NPB	PA	voriconazole
VIVJOA ORAL CAPSULE 150 MG	NPB	PA; QL	fluconazole
voriconazole intravenous recon soln 200 mg	PG	PA	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	PG	PA	
voriconazole oral tablet 200 mg, 50 mg	PG	PA	
ANTIVIRALS			
abacavir oral solution 20 mg/ml	PG		
abacavir oral tablet 300 mg	PG		
abacavir-lamivudine oral tablet 600-300 mg	PG		
acyclovir oral capsule 200 mg	PG		
acyclovir oral suspension 200 mg/5 ml	PG		
acyclovir oral tablet 400 mg, 800 mg	PG		
acyclovir sodium intravenous solution 50 mg/ml	PG		
adefovir oral tablet 10 mg	PG		
amantadine hcl oral capsule 100 mg	PG		
amantadine hcl oral solution 50 mg/5 ml	PG		
amantadine hcl oral tablet 100 mg	PG		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	NPS	PA	
APTIVUS ORAL CAPSULE 250 MG	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
atazanavir oral capsule 150 mg, 200 mg, 300 mg	PG		
ATRIPLA ORAL TABLET 600-200-300 MG	FE	PA	efavirenz-emtricitabine-tenofovir disoproxil fumarate
BARACLUDE ORAL SOLUTION 0.05 MG/ML	PB		
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	FE	PA	entecavir
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	PB	ACA	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	PB		
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	FE	PA; QL	atazanavir sulfate, lamivudine, DOVATO, EDURANT, JULUCA, PREZISTA, TIVICAY
cidofovir intravenous solution 75 mg/ml	PG		
CIMDUO ORAL TABLET 300-300 MG	PB		
COMBIVIR ORAL TABLET 150-300 MG	NPB		lamivudine-zidovudine
COMPLERA ORAL TABLET 200-25-300 MG	FE	PA	ODEFSEY
darunavir ethanolate oral tablet 600 mg, 800 mg	PG		
DELSTRIGO ORAL TABLET 100-300-300 MG	FE	PA	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	PB		
didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg	PG		
DOVATO ORAL TABLET 50-300 MG	PB		
EDURANT ORAL TABLET 25 MG	PB		
efavirenz oral tablet 600 mg	PG		
efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg	PG		
efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
emtricitabine oral capsule 200 mg	PG		
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	PG		
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	PG	ACA	
EMTRIVA ORAL CAPSULE 200 MG	NPB		emtricitabine
EMTRIVA ORAL SOLUTION 10 MG/ML	PB		
entecavir oral tablet 0.5 mg, 1 mg	PG		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	PS	PA; ST; QL; LA	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	PS	PA; ST; QL; LA	
EPIVIR ORAL SOLUTION 10 MG/ML	NPB		lamivudine
EPIVIR ORAL TABLET 150 MG, 300 MG	NPB		lamivudine
EPZICOM ORAL TABLET 600-300 MG	NPB		abacavir-lamivudine
etravirine oral tablet 100 mg, 200 mg	PG		
EVOTAZ ORAL TABLET 300-150 MG	NPB		atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PG	QL	
FLUMADINE ORAL TABLET 100 MG	NPB		rimantadine hcl
fosamprenavir oral tablet 700 mg	PG		
foscarnet intravenous solution 24 mg/ml	PG		
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	NPB		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	PB	QL	
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	NPB		
ganciclovir sodium intravenous recon soln 500 mg	PG		
ganciclovir sodium intravenous solution 50 mg/ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GENVOYA ORAL TABLET 150-150-200-10 MG	PB		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	PS	PA; ST; QL; LA	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	PS	PA; ST; QL; LA	
HEPSERA ORAL TABLET 10 MG	NPB		adefovir dipivoxil
INTELENCE ORAL TABLET 100 MG, 200 MG	NPB		etravirine
INTELENCE ORAL TABLET 25 MG	PB		
ISENTRESS HD ORAL TABLET 600 MG	PB		
ISENTRESS ORAL POWDER IN PACKET 100 MG	PB		
ISENTRESS ORAL TABLET 400 MG	PB		
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	PB		
JULUCA ORAL TABLET 50-25 MG	PB		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	NPB		lopinavir-ritonavir
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	NPB		lopinavir-ritonavir
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	PB	QL	
lamivudine oral solution 10 mg/ml	PG		
lamivudine oral tablet 100 mg, 150 mg, 300 mg	PG		
lamivudine-zidovudine oral tablet 150-300 mg	PG		
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	FE	PA; ST; QL; LA	HARVONI
LEXIVA ORAL SUSPENSION 50 MG/ML	PB		
LEXIVA ORAL TABLET 700 MG	NPB		fosamprenavir calcium
LIVTENCITY ORAL TABLET 200 MG	NPB	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
lopinavir-ritonavir oral solution 400-100 mg/5 ml	PG		
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	PG		
maraviroc oral tablet 150 mg, 300 mg	PG		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	FE	PA; ST; QL; LA	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
MAVYRET ORAL TABLET 100-40 MG	FE	PA; ST; QL; LA	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
nevirapine oral suspension 50 mg/5 ml	PG		
nevirapine oral tablet 200 mg	PG		
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	PG		
NORVIR ORAL POWDER IN PACKET 100 MG	PB		
NORVIR ORAL TABLET 100 MG	NPB		ritonavir
ODEFSEY ORAL TABLET 200-25-25 MG	PB		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	PG	QL	
oseltamivir oral suspension for reconstitution 6 mg/ml	PG	QL	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	PB	QL	
PIFELTRO ORAL TABLET 100 MG	FE	PA	efavirenz, efavirenz-emtricitenofovir disoproxil fumarate, EDURANT
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	PB		
PREVYMIS ORAL TABLET 240 MG, 480 MG	PB	QL	
PREZCOBIX ORAL TABLET 800-150 MG-MG	FE	PA	atazanavir sulfate, lopinavir-ritonavir, ritonavir, PREZISTA
PREZISTA ORAL SUSPENSION 100 MG/ML	PB		
PREZISTA ORAL TABLET 150 MG, 75 MG	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREZISTA ORAL TABLET 600 MG, 800 MG	NPB		darunavir
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PB		
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML, 60 MG-60 MG/ ML	NPB		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	NPB	QL	oseltamivir phosphate
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	PB		
RETROVIR ORAL CAPSULE 100 MG	NPB		zidovudine
RETROVIR ORAL SYRUP 10 MG/ML	NPB		zidovudine
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NPB		atazanavir sulfate
REYATAZ ORAL POWDER IN PACKET 50 MG	PB		
ribavirin inhalation recon soln 6 gram	PG		
rimantadine oral tablet 100 mg	PG		
ritonavir oral tablet 100 mg	PG		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	FE	PA	
SELZENTRY ORAL SOLUTION 20 MG/ML	PB		
SELZENTRY ORAL TABLET 150 MG, 300 MG	NPB		maraviroc
SELZENTRY ORAL TABLET 25 MG, 75 MG	PB		
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	FE	PA; ST; QL; LA	EPCLUSA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	FE	PA; ST; QL; LA	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
SOVALDI ORAL TABLET 200 MG, 400 MG	FE	PA; ST; QL; LA	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
stavudine oral capsule 40 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
STRIBILD ORAL TABLET 150-150-200-300 MG	FE	PA	BIKTARVY, GENVOYA
SUNLENCA ORAL TABLET 300 MG	NPS	PA	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	NPS	PA	
SYMFI LO ORAL TABLET 400-300-300 MG	PB		
SYMFI ORAL TABLET 600-300-300 MG	PB		
SYMTUZA ORAL TABLET 800-150-200-10 MG	PB		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	NPS	PA; LA	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	NPB	QL	oseltamivir phosphate
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	NPB	QL	oseltamivir phosphate
TEMBEXA ORAL SUSPENSION 10 MG/ML	NPB		
TEMBEXA ORAL TABLET 100 MG	NPB		
tenofovir disoproxil fumarate oral tablet 300 mg	PG		
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	PB		
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	PB		
TRIUMEQ ORAL TABLET 600-50-300 MG	PB		
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	PB		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	PS	PA	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	FE	PA	emtricitabine-tenofovir disop
TYBOST ORAL TABLET 150 MG	NPB		ritonavir, NORVIR
valacyclovir oral tablet 1 gram, 500 mg	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VALCYTE ORAL RECON SOLN 50 MG/ML	NPB		valganciclovir hcl
VALCYTE ORAL TABLET 450 MG	NPB		valganciclovir hcl
valganciclovir oral recon soln 50 mg/ml	PG		
valganciclovir oral tablet 450 mg	PG		
VALTREX ORAL TABLET 1 GRAM, 500 MG	FE	PA; QL	valacyclovir
VEKLURY INTRAVENOUS RECON SOLN 100 MG	PB	PA	
VEMLIDY ORAL TABLET 25 MG	PB		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	NPS	PA; ST; QL; LA	EPCLUSIA, HARVONI, VOSEVI, ZEPATIER
VIRACEPT ORAL TABLET 250 MG, 625 MG	PB		
VIRAZOLE INHALATION RECON SOLN 6 GRAM	NPB		ribavirin
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	PB		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB		
VIREAD ORAL TABLET 300 MG	NPB		tenofovir disoproxil fumarate
VOSEVI ORAL TABLET 400-100-100 MG	PS	PA; ST; QL; LA	
XOFLUZA ORAL TABLET 40 MG, 80 MG	NPB	QL	oseltamivir phosphate
ZEPATIER ORAL TABLET 50-100 MG	PS	PA; ST; QL; LA	
ZIAGEN ORAL SOLUTION 20 MG/ML	NPB		abacavir
zidovudine oral capsule 100 mg	PG		
zidovudine oral syrup 10 mg/ml	PG		
zidovudine oral tablet 300 mg	PG		
CEPHALOSPORINS			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	PB	ST	
cefaclor oral capsule 250 mg, 500 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	PG		
cefaclor oral tablet extended release 12 hr 500 mg	PG		
cefadroxil oral capsule 500 mg	PG		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	PG		
cefadroxil oral tablet 1 gram	PG		
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	PG	ST	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	PG	ST	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	NPB	ST	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	PG	ST	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML, 3 GRAM/30 ML	NPB	ST	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg	PG	ST	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	NPB	ST	
cefazolin intravenous recon soln 1 gram	PG	ST	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	NPB	ST	
cefdinir oral capsule 300 mg	PG		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	NPB	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	PG	ST	
cefepime injection recon soln 1 gram, 2 gram	PG	ST	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	NPB	ST	
cefixime oral capsule 400 mg	PG		
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	PG		
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	NPB	ST	
cefotaxime injection recon soln 1 gram, 2 gram	PG	ST	
cefotetan injection recon soln 1 gram, 2 gram	PG	ST	
cefotetan intravenous recon soln 10 gram	PG	ST	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	PG	ST	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	PG		
cefpodoxime oral tablet 100 mg, 200 mg	PG		
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
cefprozil oral tablet 250 mg, 500 mg	PG		
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	PG	ST	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	PG	ST	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	NPB	ST	
ceftriaxone intravenous recon soln 1 gram, 2 gram	PG	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cefuroxime axetil oral tablet 250 mg, 500 mg	PG		
cefuroxime sodium injection recon soln 750 mg	PG	ST	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	PG	ST	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PG		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
cephalexin oral tablet 250 mg, 500 mg	PG		
CLAFORAN INJECTION RECON SOLN 2 GRAM	NPB	ST	cefotaxime sodium
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	NPB	ST	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	PG	ST	
tazicef intravenous recon soln 1 gram, 2 gram	PG	ST	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	PB	ST	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	PB	ST	
ERYTHROMYCINS & OTHER MACROLIDES			
azithromycin intravenous recon soln 500 mg	PG	ST	
azithromycin oral packet 1 gram	PG		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	PG		
azithromycin oral tablet 250 mg, 500 mg, 600 mg	PG		
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
clarithromycin oral tablet 250 mg, 500 mg	PG		
clarithromycin oral tablet extended release 24 hr 500 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	NPB	QL	vancomycin hcl
DIFICID ORAL TABLET 200 MG	NPB	QL	vancomycin hcl
e.e.s. 400 oral tablet 400 mg	PG		
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		erythromycin ethylsuccinate
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		erythromycin ethylsuccinate
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	NPB		erythromycin ethylsuccinate
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	PG		
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	NPB		
erythrocin (as stearate) oral tablet 250 mg	PG		
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	NPB	ST	erythromycin lactobionate
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	PG		
erythromycin ethylsuccinate oral tablet 400 mg	PG		
erythromycin lactobionate intravenous recon soln 500 mg	PG	ST	
erythromycin oral capsule, delayed release (dr/ec) 250 mg	PG		
erythromycin oral tablet 250 mg, 500 mg	PG		
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	PG		
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	NPB	ST	azithromycin
ZITHROMAX ORAL PACKET 1 GRAM	NPB		azithromycin

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	NPB		azithromycin
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NPB		azithromycin
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	NPB		azithromycin
ZITHROMAX Z-PAK ORAL TABLET 250 MG	NPB		azithromycin
MISCELLANEOUS ANTIINFECTIVES			
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	NPB	QL	azithromycin, ciprofloxacin hcl, levofloxacin, ofloxacin, XIFAXAN
albendazole oral tablet 200 mg	PG	QL	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	PB	QL	
ALINIA ORAL TABLET 500 MG	FE	PA; QL	nitazoxanide
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	PG	ST	
ARAKODA ORAL TABLET 100 MG	NPB	QL	atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PS	PA	
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	NPB		
atovaquone oral suspension 750 mg/5 ml	PG		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	PG	QL	
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	NPB	ST	aztreonam
aztreonam injection recon soln 1 gram, 2 gram	PG	ST	
bacitracin intramuscular recon soln 50,000 unit	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	PB	QL	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	NPS	PA; ST; QL; LA	tobramycin sulfate
BILTRICIDE ORAL TABLET 600 MG	NPB		praziquantel
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PS	PA; QL; LA	
chloramphenicol sod succinate intravenous recon soln 1 gram	PG		
chloroquine phosphate oral tablet 250 mg, 500 mg	PG		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	NPB		clindamycin hcl
CLEOCIN INJECTION SOLUTION 150 MG/ML	NPB	ST	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	NPB		clindamycin palmitate hcl
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	PG		
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	NPB	ST	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	PG	ST	
clindamycin pediatric oral recon soln 75 mg/5 ml	PG		
clindamycin phosphate injection solution 150 mg/ml	PG	ST	
COARTEM ORAL TABLET 20-120 MG	PB	QL	
colistin (colistimethate na) injection recon soln 150 mg	PG	ST	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	NPB	ST	colistimethate sodium
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	NPB	ST	daptomycin

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CYCLOSERINE ORAL CAPSULE 250 MG	NPB		
DALVANCE INTRAVENOUS SOLUTION 500 MG	PB	ST	
dapsone oral tablet 100 mg, 25 mg	PG		
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	NPB	ST	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	NPB	ST	
daptomycin intravenous recon soln 500 mg	PG	ST	
DARAPRIM ORAL TABLET 25 MG	NPS		pyrimethamine
EMVERM ORAL TABLET,CHEWABLE 100 MG	PB	QL	
ertapenem injection recon soln 1 gram	PG	ST	
ethambutol oral tablet 100 mg, 400 mg	PG		
FLAGYL ORAL CAPSULE 375 MG	NPB		metronidazole
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	PG	ST	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	PB	ST	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	NPB	ST	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	PG	ST	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	PG	ST	
HUMATIN ORAL CAPSULE 250 MG	NPS	LA	
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PG		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	PG	ST	
IMPAVIDO ORAL CAPSULE 50 MG	PB	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
isoniazid injection solution 100 mg/ml	PG		
isoniazid oral solution 50 mg/5 ml	PG		
isoniazid oral tablet 100 mg, 300 mg	PG		
ivermectin oral tablet 3 mg	PG	PA; QL	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	NPB	ST	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	PS	PA; ST; QL; LA	
KRINTAFEL ORAL TABLET 150 MG	NPB	QL	primaquine generic
LAMPIT ORAL TABLET 120 MG, 30 MG	FE	PA; QL	BENZNIDAZOLE
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	FE	PA	
LINCOGIN INJECTION SOLUTION 300 MG/ML	NPB	ST	clindamycin phosphate
lincomycin injection solution 300 mg/ml	PG	ST	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	PG	ST	
linezolid oral suspension for reconstitution 100 mg/5 ml	PG		
linezolid oral tablet 600 mg	PG		
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	PG	ST	
MALARONE ORAL TABLET 250-100 MG	NPB	QL	atovaquone-proguanil hcl
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	NPB	QL	atovaquone-proguanil hcl
mefloquine oral tablet 250 mg	PG	QL	
MEPRON ORAL SUSPENSION 750 MG/5 ML	NPB		atovaquone
meropenem intravenous recon soln 1 gram, 500 mg	PG	ST	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	NPB	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	PB	ST	
metro i.v. intravenous piggyback 500 mg/100 ml	PG	ST	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	PG	ST	
metronidazole oral capsule 375 mg	PG		
metronidazole oral tablet 250 mg, 500 mg	PG		
MYAMBUTOL ORAL TABLET 400 MG	NPB		ethambutol hcl
MYCOBUTIN ORAL CAPSULE 150 MG	NPB		rifabutin
NEBUPENT INHALATION RECON SOLN 300 MG	NPB	QL	pentamidine isethionate
neomycin oral tablet 500 mg	PG		
nitazoxanide oral tablet 500 mg	PG	QL	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	PB	ST	
paromomycin oral capsule 250 mg	PG		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	NPB		
PENTAM INJECTION RECON SOLN 300 MG	NPB		pentamidine isethionate
pentamidine inhalation recon soln 300 mg	PG	QL	
pentamidine injection recon soln 300 mg	PG		
PLAQUENIL ORAL TABLET 200 MG	FE	PA	hydroxychloroquine sulfate
polymyxin b sulfate injection recon soln 500,000 unit	PG	ST	
praziquantel oral tablet 600 mg	PG		
PRETOMANID ORAL TABLET 200 MG	NPB		
PRIFTIN ORAL TABLET 150 MG	PB		
primaquine oral tablet 26.3 mg	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	NPB	ST	imipenem-cilastatin sodium
pyrazinamide oral tablet 500 mg	PG		
pyrimethamine oral tablet 25 mg	PS		
QUALAQUIN ORAL CAPSULE 324 MG	NPB	QL	quinine sulfate
quinine sulfate oral capsule 324 mg	PG	QL	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	NPB		
rifabutin oral capsule 150 mg	PG		
RIFADIN INTRAVENOUS RECON SOLN 600 MG	NPB		rifampin
rifampin intravenous recon soln 600 mg	PG		
rifampin oral capsule 150 mg, 300 mg	PG		
SIRTURO ORAL TABLET 100 MG, 20 MG	PB		
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	NPB	ST	
SIVEXTRO ORAL TABLET 200 MG	FE	PA	linezolid
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	PB	QL	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	PB	ST	
STROMECTOL ORAL TABLET 3 MG	NPB	PA; QL	ivermectin
tigecycline intravenous recon soln 50 mg	PG	ST	
tinidazole oral tablet 250 mg, 500 mg	PG	QL	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	FE	PA; ST; QL; LA	tobramycin sulfate
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PS	PA; ST; QL; LA	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	PS	PA; ST; QL; LA	
tobramycin inhalation solution for nebulization 300 mg/4 ml	PS	PA; ST; QL; LA	
tobramycin sulfate injection recon soln 1.2 gram	PG	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	PG	ST	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NPS	PA; ST; QL; LA	tobramycin sulfate, TOBI PODHALER
TRECTOR ORAL TABLET 250 MG	NPB		
TYGACIL INTRAVENOUS RECON SOLN 50 MG	NPB	ST	tigecycline
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	NPB	ST	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	NPB	ST	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	NPB		azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir
XENLETA ORAL TABLET 600 MG	NPB		azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir
XIFAXAN ORAL TABLET 200 MG, 550 MG	PB	QL	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NPB	ST	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	NPB	ST	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	NPB		linezolid
ZYVOX ORAL TABLET 600 MG	NPB		linezolid
PENICILLINS			
amoxicillin oral capsule 250 mg, 500 mg	PG		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	PG		
amoxicillin oral tablet 500 mg, 875 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
amoxicillin oral tablet, chewable 125 mg, 250 mg	PG		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	PG		
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	PG		
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	PG		
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	PG		
ampicillin oral capsule 500 mg	PG		
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	PG	ST	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	PG	ST	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	PG	ST	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	PG	ST	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	NPB		amoxicillin-clavulanate potass
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	PB		
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	NPB		amoxicillin-clavulanate pot er
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	PB	ST	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	PB	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dicloxacillin oral capsule 250 mg, 500 mg	PG		
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	NPB		amoxicillin
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	PG	ST	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	PG	ST	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	PG	ST	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	PB	ST	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	PG	ST	
penicillin g sodium injection recon soln 5 million unit	PG	ST	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	PG		
penicillin v potassium oral tablet 250 mg, 500 mg	PG		
pfizerpen-g injection recon soln 20 million unit, 5 million unit	PG	ST	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	PG	ST	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	NPB	ST	ampicillin/sulbactam
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	PB	ST	
QUINOLONES			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	NPB	ST	moxifloxacin hcl
BAXDELA INTRAVENOUS RECON SOLN 300 MG	PB	ST	
BAXDELA ORAL TABLET 450 MG	PB	QL	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	NPB		ciprofloxacin
CIPRO ORAL TABLET 250 MG, 500 MG	NPB		ciprofloxacin hcl
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	PG		
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	PG	ST	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	PG		
FACTIVE ORAL TABLET 320 MG	NPB		ciprofloxacin hcl, levofloxacin, moxifloxacin hcl, ofloxacin
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	PG	ST	
levofloxacin intravenous solution 25 mg/ml	PG	ST	
levofloxacin oral solution 250 mg/10 ml	PG		
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	PG		
moxifloxacin oral tablet 400 mg	PG		
MOXIFLOXACIN-SOD.ACE,SUL- WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	PB	ST	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	PG	ST	
ofloxacin oral tablet 300 mg, 400 mg	PG		
SULFA'S & RELATED AGENTS			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BACTRIM DS ORAL TABLET 800-160 MG	NPB		sulfamethoxazole-trimethoprim
BACTRIM ORAL TABLET 400-80 MG	NPB		sulfamethoxazole-trimethoprim
sulfadiazine oral tablet 500 mg	PG		
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	PG	ST	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	PG		
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	PG		
sulfatrim oral suspension 200-40 mg/5 ml	PG		
TETRACYCLINES			
ACTICLATE ORAL TABLET 150 MG, 75 MG	NPB	ST	doxycycline hyclate, doxycycline monohydrate
AVIDOXY DK KIT 100 MG-2 % -SPF 30	NPB	ST	doxycycline monohydrate
avidoxy oral tablet 100 mg	PG		
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	FE	PA	
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	FE	PA	
demeclocycline oral tablet 150 mg, 300 mg	PG		
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	FE	PA; ST	doxycycline hyclate, doxycycline monohydrate
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	FE	PA; ST	doxycycline hyclate
doxy-100 intravenous recon soln 100 mg	PG	ST	
doxycycline hyclate intravenous recon soln 100 mg	PG	ST	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG		
doxycycline hyclate oral tablet 100 mg, 20 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	PG	ST	
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg	PB	ST	
doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg	PG	ST	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	FE	PA; ST	doxycycline hyclate, doxycycline monohydrate
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	PG		
doxycycline monohydrate oral capsule 150 mg	PG	ST	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	FE	PA; ST	doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	PG		
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	PG		
LYMEPAK ORAL TABLET 100 MG	NPB		
MINOCIN INTRAVENOUS RECON SOLN 100 MG	PB	ST	
minocycline oral capsule 100 mg, 50 mg, 75 mg	PG		
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	FE	PA; ST	minocycline hcl er
minocycline oral tablet 100 mg, 50 mg, 75 mg	PG		
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	PG	ST	
mondoxyne nl oral capsule 100 mg, 75 mg	PG		
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	NPB	ST	doxycycline monohydrate
MORGIDOX 1X 50 KIT 50 MG	NPB	ST	doxycycline hyclate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MORGIDOX 1X100 KIT 100 MG	NPB	ST	doxycycline hyclate
morgidox oral capsule 100 mg	PG		
NUZYRA INTRAVENOUS RECON SOLN 100 MG	NPB	ST	doxycycline hyclate, tetracycline hcl
NUZYRA ORAL TABLET 150 MG	NPB	QL	doxycycline hyclate, tetracycline hcl
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	FE	PA; ST	doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	NPB	ST	doxycycline hyclate, minocycline hcl, tetracycline hcl
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	NPB	ST	minocycline hcl er
TARGADOX ORAL TABLET 50 MG	NPB	ST	doxycycline hyclate
tetracycline oral capsule 250 mg, 500 mg	PG		
VIBRAMYCIN ORAL CAPSULE 100 MG	NPB	ST	doxycycline hyclate
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	NPB	ST	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	FE	PA; ST	minocycline hcl er
URINARY TRACT AGENTS			
fosfomycin tromethamine oral packet 3 gram	PG		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	NPB		nitrofurantoin
HIPREX ORAL TABLET 1 GRAM	NPB		methenamine hippurate
MACROBID ORAL CAPSULE 100 MG	NPB		nitrofurantoin mono-macro
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	NPB		nitrofurantoin
methenamine hippurate oral tablet 1 gram	PG		
methenamine mandelate oral tablet 0.5 g, 1 gram	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	PG		
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	PG		
nitrofurantoin oral suspension 25 mg/5 ml	PG		
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	FE	PA	nitrofurantoin
PRIMSOL ORAL SOLUTION 50 MG/5 ML	NPB		trimethoprim
trimethoprim oral tablet 100 mg	PG		
VANCOMYCIN			
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	FE	PA; QL	vancomycin hcl
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	NPB	QL	vancomycin hcl
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	PB	ST	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	PB	ST	
vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml	PG	ST	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	PB	ST	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	PB	ST	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	NPB	ST	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	PG	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
vancomycin oral capsule 125 mg, 250 mg	PG	QL	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	PG	QL	
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	NPB	ST	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	PB	ST	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	NPS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PG		
MESNEX ORAL TABLET 400 MG	PB		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	NPS	PA	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	NPS	PA; LA	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	NPS	PA	
abiraterone oral tablet 250 mg, 500 mg	NPS	PA; ST; LA	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS	LA	PACLITAXEL PROTEIN-BOUND
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	PS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	NPS	PA; LA	
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	NPB		
adrucil intravenous solution 2.5 gram/50 ml	PG		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	FE	PA; LA	everolimus
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	FE	PA; LA	everolimus
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	FE	PA	
ALECENSA ORAL CAPSULE 150 MG	NPS	PA; LA	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	NPB		pemetrexed disodium
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	NPS	PA	
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	NPB		melphalan hcl
ALKERAN ORAL TABLET 2 MG	NPB		melphalan hcl
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	NPS	PA	
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	NPS	PA	
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	FE	PA; ST; LA	ZIRABEV
anastrozole oral tablet 1 mg	PG		
ARIMIDEX ORAL TABLET 1 MG	FE	PA	anastrozole
AROMASIN ORAL TABLET 25 MG	NPB		exemestane
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	NPS	LA	nelarabine
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	PG	PA	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	NPS	PA	ONCASPAR

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	NPB	ST	tacrolimus
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	FE	PA; ST; LA	ZIRABEV
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	NPS	PA	
azacitidine injection recon soln 100 mg	NPS	LA	
AZASAN ORAL TABLET 100 MG, 75 MG	NPB		azathioprine
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG		
azathioprine sodium injection recon soln 100 mg	PG		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	NPS	PA	
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	NPS	PA	ISTODAX, FOLOTYN
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	bendamustine hcl, BENDEKA
bendamustine intravenous recon soln 100 mg, 25 mg	NPS	PA	
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	NPB	PA	bendamustine hcl, BENDEKA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	
BESPONSIA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	NPS	PA; LA	
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	NPB		
bexarotene oral capsule 75 mg	NPS	LA	
bexarotene topical gel 1 %	NPS	LA	
bicalutamide oral tablet 50 mg	PG		
BICNU INTRAVENOUS RECON SOLN 100 MG	NPB	PA	carmustine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
bleomycin injection recon soln 15 unit, 30 unit	PG		
BLINCYTO INTRAVENOUS KIT 35 MCG	NPS	PA	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	NPS	PA	
bortezomib injection recon soln 3.5 mg	NPS	PA	
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	NPS	PA	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	NPS	PA; LA	
BRAFTOVI ORAL CAPSULE 75 MG	FE	PA; LA	TAFINLAR, ZELBORAF
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	NPS	PA	
BRUKINSA ORAL CAPSULE 80 MG	NPS	PA	CALQUENCE, IMBRUVICA
busulfan intravenous solution 60 mg/10 ml	PG		
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	NPB		busulfan
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	NPS	PA; LA	
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	NPS	PA	
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	FE	PA	ELIGARD, FIRMAGON
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	NPB		irinotecan hcl
capecitabine oral tablet 150 mg, 500 mg	NPS	LA	
CAPRELSA ORAL TABLET 100 MG, 300 MG	NPS	PA	
carboplatin intravenous recon soln 150 mg	PG		
carboplatin intravenous solution 10 mg/ml	PG		
carmustine intravenous recon soln 100 mg	PG	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG, 50 MG	NPB	PA	
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	NPS	PA	
CASODEX ORAL TABLET 50 MG	NPB		bicalutamide
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	NPB		mycophenolate mofetil
CELLCEPT ORAL CAPSULE 250 MG	NPB		mycophenolate mofetil
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	NPB		mycophenolate mofetil
CELLCEPT ORAL TABLET 500 MG	NPB		mycophenolate mofetil
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	NPB		
cisplatin intravenous solution 1 mg/ml	PG		
cladribine intravenous solution 10 mg/10 ml	PG		
clofarabine intravenous solution 1 mg/ml	PG		
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	NPB		clofarabine
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	FE	PA; LA	cyclophosphamide, cytarabine, dexamethasone, doxorubicin hcl, prednisone, vincristine sulfate, RUXIENCE
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	NPS	PA; LA	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	NPS	PA	CALQUENCE, IMBRUVICA, VENCLEXTA
COSELA INTRAVENOUS RECON SOLN 300 MG	NPS	PA	
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	NPB		
COTELLIC ORAL TABLET 20 MG	NPS	LA	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML, 500 MG/ML	NPB		
cyclophosphamide oral capsule 25 mg, 50 mg	PG		
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	NPB		cyclophosphamide
cyclosporine intravenous solution 250 mg/5 ml	PG		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	PG		
cyclosporine modified oral solution 100 mg/ml	PG		
cyclosporine oral capsule 100 mg, 25 mg	PG		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	NPS	PA; LA	
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	PG		
cytarabine injection solution 20 mg/ml	PG		
dacarbazine intravenous recon soln 100 mg, 200 mg	PG		
dactinomycin intravenous recon soln 0.5 mg	PG		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	NPS	PA	UNITUXIN
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	NPS	PA; LA	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
daunorubicin intravenous solution 5 mg/ml	PG		
DAURISMO ORAL TABLET 100 MG, 25 MG	NPS	PA; LA	azacitidine, cytarabine, decitabine, VENCLEXTA
decitabine intravenous recon soln 50 mg	NPS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	PG		
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	NPB		doxorubicin hcl liposomal
doxorubicin intravenous recon soln 10 mg, 50 mg	PG		
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	PG		
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	PG		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	PB		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	NPS	PA	carboplatin, cyclophosphamide, etoposide, paclitaxel, LYNPARZA, ZEJULA, ZIRABEV
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	NPS	PA; LA	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	NPS	PA; LA	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	NPS	PA; LA	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	NPS	PA; LA	
ELLENCES INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	NPB		epirubicin hcl
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	NPS	PA	bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	NPS	PA	
EMCYT ORAL CAPSULE 140 MG	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	NPS	PA; LA	bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID
ENHERTU INTRAVENOUS RECON SOLN 100 MG	NPS	PA; ST; LA	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PS	LA	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	FE	PA; ST	tacrolimus
epirubicin intravenous solution 200 mg/100 ml	PG		
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	FE	PA	cyclophosphamide, cytarabine, dexamethasone, doxorubicin hcl, prednisone, vincristine sulfate, RUXIENCE
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	NPS	PA; LA	
ERIVEDGE ORAL CAPSULE 150 MG	NPS	PA; LA	
ERLEADA ORAL TABLET 240 MG, 60 MG	NPS	PA; LA	
erlotinib oral tablet 100 mg, 150 mg, 25 mg	NPS	PA; LA	
ERWINASE INJECTION RECON SOLN 10,000 UNIT	NPS	PA	
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	PB		
etoposide intravenous solution 20 mg/ml	PG		
etoposide oral capsule 50 mg	PG		
EULEXIN ORAL CAPSULE 125 MG	NPB		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	NPS	PA; ST; LA	
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	NPS	PA; ST; LA	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EVOMELA INTRAVENOUS RECON SOLN 50 MG	NPS		melphalan hcl
exemestane oral tablet 25 mg	PG		
EXKIVITY ORAL CAPSULE 40 MG	NPS	PA	
FARESTON ORAL TABLET 60 MG	NPB		toremifene citrate
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	NPB	PA	fulvestrant
FEMARA ORAL TABLET 2.5 MG	NPB		letrozole
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	NPS	PA; LA	LUPRON DEPOT-PED, TRIPTODUR
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	NPS	PA; LA	
fludarabine intravenous recon soln 50 mg	PG		
fludarabine intravenous solution 50 mg/2 ml	PG		
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	PG		
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	NPS	PA; LA	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	FE	PA	CABOMETYX, INLYTA, LENVIMA
fulvestrant intramuscular syringe 250 mg/5 ml	PG	PA	
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS	PA	
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	PS	PA	
GAVRETO ORAL CAPSULE 100 MG	NPS	PA; LA	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	NPS	PA; LA	
gefitinib oral tablet 250 mg	NPS	PA; LA	
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	PG		
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	NPB		
gengraf oral capsule 100 mg, 25 mg	PG		
gengraf oral solution 100 mg/ml	PG		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	NPS	PA; LA	
GLEEVEC ORAL TABLET 100 MG, 400 MG	FE	PA; LA	imatinib mesylate
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	PB		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	NPS	PA; LA	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	FE	PA; ST; LA	KANJINTI, TRAZIMERA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	FE	PA; ST; LA	KANJINTI, TRAZIMERA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE	PA; ST; LA	KANJINTI, TRAZIMERA
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	NPS	PA; LA	
HYDREA ORAL CAPSULE 500 MG	NPB		hydroxyurea
hydroxyurea oral capsule 500 mg	PG		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	FE	PA; LA	KISQALI, VERZENIO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	FE	PA; LA	KISQALI, VERZENIO
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	NPS	PA	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	NPB		idarubicin hcl
idarubicin intravenous solution 1 mg/ml	PG		
IDHIFA ORAL TABLET 100 MG, 50 MG	NPS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	NPB		ifosfamide
ifosfamide intravenous recon soln 1 gram, 3 gram	PG		
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	PG		
imatinib oral tablet 100 mg, 400 mg	NPS	LA	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	NPS	PA; ST	
IMBRUVICA ORAL SUSPENSION 70 MG/ML	NPS	PA; ST	
IMBRUVICA ORAL TABLET 140 MG, 280 MG	NPS		
IMBRUVICA ORAL TABLET 420 MG	NPS	PA; ST	
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	NPS	PA	KEYTRUDA, MEKINIST, OPDIVO, TAFINLAR, YERVOY, ZELBORAF
IMURAN ORAL TABLET 50 MG	NPB		azathioprine
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	NPB		gemcitabine hcl
INLYTA ORAL TABLET 1 MG, 5 MG	NPS	PA; LA	
INQOVI ORAL TABLET 35-100 MG	FE	PA; LA	decitabine
INREBIC ORAL CAPSULE 100 MG	FE	PA; LA	JAKAFI
IRESSA ORAL TABLET 250 MG	NPS	PA; LA	gefitinib

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	PG		
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	NPS	PA; LA	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	NPS	PA; LA	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	NPS	PA; LA	
JAYPIRCA ORAL TABLET 100 MG, 50 MG	FE	PA; QL; LA	CALQUENCE
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	NPS	PA	
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	KEYTRUDA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	NPS	PA; LA	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	NPS	PA; ST; LA	
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	NPS	PA; ST; LA	
kemoplat intravenous solution 1 mg/ml	PG		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA	
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	NPS	PA	
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	NPS	PA; LA	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	NPS	PA; LA	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	FE	PA	diclofenac sodium, fluorouracil, fluorouracil, imiquimod

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	NPS	PA	
KRAZATI ORAL TABLET 200 MG	FE	PA	
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	NPS	PA	
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	NPS	PA	
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	FE	PA; ST; QL; LA	SOMATULINE DEPOT
lapatinib oral tablet 250 mg	NPS	PA; LA	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	NPS	PA; LA	
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	NPS	PA; LA	
letrozole oral tablet 2.5 mg	PG		
LEUKERAN ORAL TABLET 2 MG	PB		
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	FE	PA	ELIGARD, FIRMAGON
leuprolide subcutaneous kit 1 mg/0.2 ml	NPS	PA; LA	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	NPS	PA; LA	
LORBRENA ORAL TABLET 100 MG, 25 MG	NPS	PA; LA	
LUMAKRAS ORAL TABLET 120 MG, 320 MG	NPS	PA; LA	
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	NPS	PA; LA	
LUPKYNIS ORAL CAPSULE 7.9 MG	PS	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	NPS	PA; LA	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	NPS	PA; LA	ELIGARD, FIRMAGON
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	NPS	PA; LA	ELIGARD, FIRMAGON
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	NPS	PA; LA	ELIGARD, FIRMAGON
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	NPS	PA; LA	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	NPS	PA; LA	ELIGARD, FIRMAGON
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	FE	PA; LA	FENSOLVI, TRIPTODUR
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	FE	PA; LA	FENSOLVI, TRIPTODUR
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	FE	PA; LA	FENSOLVI, TRIPTODUR
LYNPARZA ORAL TABLET 100 MG, 150 MG	NPS	PA; LA	
LYSODREN ORAL TABLET 500 MG	NPS		
LYTGOBI ORAL TABLET 4 MG	NPS	PA	
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA	capecitabine, docetaxel, lapatinib, paclitaxel, KADCYLA, PERJETA
MATULANE ORAL CAPSULE 50 MG	NPS		
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	PG		
megestrol oral tablet 20 mg, 40 mg	PG		
MEKINIST ORAL RECON SOLN 0.05 MG/ML	NPS	LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MEKINIST ORAL TABLET 0.5 MG, 2 MG	NPS	LA	
MEKTOVI ORAL TABLET 15 MG	FE	PA; LA	COTELLIC, MEKINIST
melphalan hcl intravenous recon soln 50 mg	PG		
melphalan oral tablet 2 mg	PG		
mercaptopurine oral tablet 50 mg	PG		
methotrexate sodium (pf) injection recon soln 1 gram	PG		
methotrexate sodium (pf) injection solution 25 mg/ml	PG		
methotrexate sodium injection solution 25 mg/ml	PG		
methotrexate sodium oral tablet 2.5 mg	PG		
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	PG		
mitoxantrone intravenous concentrate 2 mg/ml	NPS	LA	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	NPS	PA	cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE
MVASI INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	ZIRABEV
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	NPS	PA; ST; QL	SOMATULINE DEPOT
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	PG		
mycophenolate mofetil oral capsule 250 mg	PG		
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	PG		
mycophenolate mofetil oral tablet 500 mg	PG		
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	NPB		mycophenolic acid
MYLERAN ORAL TABLET 2 MG	PB		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	NPS	PA; LA	
nelarabine intravenous solution 250 mg/50 ml	NPS	LA	
NEORAL ORAL CAPSULE 100 MG, 25 MG	NPB		cyclosporine
NEORAL ORAL SOLUTION 100 MG/ML	NPB		cyclosporine
NERLYNX ORAL TABLET 40 MG	NPS	PA; LA	
NEXAVAR ORAL TABLET 200 MG	NPS	LA	sorafenib
NILANDRON ORAL TABLET 150 MG	NPB	PA	nilutamide
nilutamide oral tablet 150 mg	PG	PA	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	NPS	PA; LA	
NIPENT INTRAVENOUS RECON SOLN 10 MG	NPB		
NUBEQA ORAL TABLET 300 MG	NPS	PA; LA	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PB		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	PS	PA; LA	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	PS	PA; LA	
ODOMZO ORAL CAPSULE 200 MG	NPS	PA; LA	
OGIVRI INTRAVENOUS RECON SOLN 150 MG	FE	PA; ST; LA	KANJINTI, TRAZIMERA
OGIVRI INTRAVENOUS RECON SOLN 420 MG	FE	PA; LA	KANJINTI, TRAZIMERA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	PB	PA	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	NPS	PA	
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE	PA; ST	KANJINTI, TRAZIMERA
ONUREG ORAL TABLET 200 MG, 300 MG	FE	PA; LA	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	NPS	PA; LA	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	NPS	PA; LA	
ORGOVYX ORAL TABLET 120 MG	NPS	PA	ELIGARD, FIRMAGON
ORSERDU ORAL TABLET 345 MG, 86 MG	NPS	PA; QL	
oxaliplatin intravenous recon soln 100 mg, 50 mg	PG		
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	PG		
paclitaxel intravenous concentrate 6 mg/ml	PG		
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	NPS	PA; LA	
paraplatin intravenous solution 10 mg/ml	PG		
pazopanib oral tablet 200 mg	NPS	PA; LA	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	NPS	PA	
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	PG		
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	NPB		
PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	NPB		
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	NPB		pemetrexed disodium
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	NPS	PA; LA	
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	NPS	PA; LA	
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	PB		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	NPS	PA; LA	
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	NPS	PA; LA	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	NPS	PA; LA	
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	NPS	PA; LA	carboplatin, cisplatin, gemcitabine hcl
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	NPS	PA	
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	NPS	PA; LA	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PB		
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	NPB		TACROLIMUS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PB		
PURIXAN ORAL SUSPENSION 20 MG/ML	NPS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
QINLOCK ORAL TABLET 50 MG	FE	PA	imatinib mesylate, sorafenib, sunitinib malate, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT
RAPAMUNE ORAL SOLUTION 1 MG/ML	NPB		sirolimus
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	NPB		sirolimus
RETEVMO ORAL CAPSULE 40 MG, 80 MG	NPS	PA; LA	GAVRETO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	NPS	PA; LA	
REZLIDHIA ORAL CAPSULE 150 MG	FE	PA	TIBSOVO
REZUROCK ORAL TABLET 200 MG	NPB	PA; QL	
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	FE	PA; LA	RUXIENCE
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	FE	PA; LA	RUXIENCE
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	FE	PA; ST; LA	RUXIENCE
romidepsin intravenous recon soln 10 mg/2 ml	NPS	PA	
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	NPS	PA	ISTODAX
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	NPS	PA; LA	
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	FE	PA	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	NPS	PA; LA	
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	NPS	PA; LA	
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	EXKIVITY
RYDAPT ORAL CAPSULE 25 MG	NPS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	NPS	PA	
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	NPB		cyclosporine
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	NPB		cyclosporine
SANDIMMUNE ORAL SOLUTION 100 MG/ML	PB		
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NPS	PA; LA	octreotide acetate
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	FE	PA; ST; QL; LA	SOMATULINE DEPOT
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	NPS		BENLYSTA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA	DARZALEX
SCEMBLIX ORAL TABLET 20 MG, 40 MG	NPS	PA; LA	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	FE	PA; ST; QL	SIGNIFOR, SOMATULINE DEPOT
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PS	PA	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	FE	PA	DROXIA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	PB		
sirolimus oral solution 1 mg/ml	PG		
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NPB		tamoxifen citrate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	PS	PA; ST; QL; LA	
sorafenib oral tablet 200 mg	NPS	LA	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	NPS	PA; LA	
STIVARGA ORAL TABLET 40 MG	NPS	PA; LA	
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	NPS	LA	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	FE	PA; LA	FENSOLVI, TRIPTODUR
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	NPS	LA	sunitinib malate
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	PS	PA; LA	
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	NPS	PA	
TABLOID ORAL TABLET 40 MG	NPB		
TABRECTA ORAL TABLET 150 MG, 200 MG	NPS	PA; LA	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	NPS	LA	
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	NPS	LA	
TAGRISSEO ORAL TABLET 40 MG, 80 MG	NPS	PA; LA	
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML	NPS	PA	bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
TALVEY SUBCUTANEOUS SOLUTION 40 MG/ML	NPS	PA	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	NPS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tamoxifen oral tablet 10 mg, 20 mg	PG		
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	NPS	PA; LA	erlotinib hcl
TARGRETIN ORAL CAPSULE 75 MG	FE	PA; LA	bexarotene
TARGRETIN TOPICAL GEL 1 %	NPS	LA	bexarotene
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	NPS	PA; LA	
TAZVERIK ORAL TABLET 200 MG	NPS	PA	
TECARTUS INTRAVENOUS SUSPENSION 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL	NPS	PA	
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	NPS	PA; LA	
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	NPS	PA	bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
TEMODAR INTRAVENOUS RECON SOLN 100 MG	NPS	LA	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	NPS	PA; LA	
temsirrolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	NPS	PA; LA	
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	PB		
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	NPB	PA	thiotepa
TEPMETKO ORAL TABLET 225 MG	FE	PA	TABRECTA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	NPS	PA; LA	
thiotepa injection recon soln 100 mg, 15 mg	PG	PA	
TIBSOVO ORAL TABLET 250 MG	NPS	PA	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	NPS	PA; LA	
topotecan intravenous recon soln 4 mg	NPS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	NPS	PA; LA	
toremifene oral tablet 60 mg	PG		
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	NPS	PA; LA	temsirolimus
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	NPS	PA; ST; LA	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	NPS	PA; LA	bendamustine hcl
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	FE	PA	ELIGARD, FIRMAGON
tretinoin (antineoplastic) oral capsule 10 mg	PG		
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	NPB		methotrexate
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	NPS	PA	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	NPB	PA	arsenic trioxide
TRODELVY INTRAVENOUS RECON SOLN 180 MG	NPS	PA	
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	FE	PA; LA	RUXIENCE
TUKYSA ORAL TABLET 150 MG, 50 MG	NPS	PA	
TURALIO ORAL CAPSULE 125 MG	NPS	PA	
TYKERB ORAL TABLET 250 MG	NPS	PA; LA	lapatinib
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	NPS	PA	
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	FE	PA; LA	ENSPRYNG
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	FE	PA	RYDAPT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	NPS	PA; LA	
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	FE	PA	ZIRABEV
VELCADE INJECTION RECON SOLN 3.5 MG	NPS	PA; LA	bortezomib
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	NPS	PA	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	NPS	PA	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NPS	PA; ST; LA	
VIDAZA INJECTION RECON SOLN 100 MG	NPS	LA	azacitidine
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	PS	PA; QL	
vinblastine intravenous solution 1 mg/ml	PG		
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	PG		
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	PG		
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	PG		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	NPS	PA; LA	
VITRAKVI ORAL SOLUTION 20 MG/ML	NPS	PA; LA	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	FE	PA	bendamustine hcl, BENDEKA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	NPS	PA; LA	
VONJO ORAL CAPSULE 100 MG	NPS	PA	
VOTRIENT ORAL TABLET 200 MG	NPS	PA; LA	
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	NPS	PA	
WELIREG ORAL TABLET 40 MG	NPS	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XALKORI ORAL CAPSULE 200 MG, 250 MG	NPS	PA; LA	
XATMEP ORAL SOLUTION 2.5 MG/ML	FE	PA; ST	methotrexate
XELODA ORAL TABLET 150 MG, 500 MG	NPS	LA	capecitabine
XERMELO ORAL TABLET 250 MG	PS	PA	
XOSPATA ORAL TABLET 40 MG	NPS	PA	
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	FE	PA	bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID
XTANDI ORAL CAPSULE 40 MG	NPS	PA; LA	
XTANDI ORAL TABLET 40 MG, 80 MG	NPS	PA; LA	
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	NPS	PA; LA	
YESCARTA INTRAVENOUS SUSPENSION	NPS	PA	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	NPS		
YONSA ORAL TABLET 125 MG	FE	PA; LA	abiraterone acetate, XTANDI
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	NPS	PA; LA	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	PB		
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	NPS	PA; LA	
ZELBORAF ORAL TABLET 240 MG	NPS	LA	
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	NPS	PA	
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PS	PA; LA	
ZOLINZA ORAL CAPSULE 100 MG	NPS	PA; LA	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	NPB		everolimus
ZYDELIG ORAL TABLET 100 MG, 150 MG	NPS	PA; LA	
ZYKADIA ORAL TABLET 150 MG	NPS	PA; LA	
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	NPS	PA	cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	NPS	PA	
ZYTIGA ORAL TABLET 250 MG, 500 MG	FE	PA; LA	abiraterone acetate

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	FE	PA	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	NPB		carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA
BANZEL ORAL SUSPENSION 40 MG/ML	FE	PA	rufinamide
BANZEL ORAL TABLET 200 MG, 400 MG	FE	PA	rufinamide
BRIVIACT ORAL SOLUTION 10 MG/ML	NPB	PA; ST	levetiracetam
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	NPB	PA; ST	levetiracetam
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
carbamazepine oral suspension 100 mg/5 ml	PG		
carbamazepine oral tablet 200 mg	PG		
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	PG		
carbamazepine oral tablet, chewable 100 mg	PG		
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NPB		carbamazepine er
CELONTIN ORAL CAPSULE 300 MG	NPB		methsuximide
clobazam oral suspension 2.5 mg/ml	PG		
clobazam oral tablet 10 mg, 20 mg	PG		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG		
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	NPB	ST	divalproex sodium er
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	NPB	ST	divalproex sodium
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	NPB	ST	divalproex sodium
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	PS		
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	PS		
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	NPB		diazepam
DIASTAT RECTAL KIT 2.5 MG	NPB		diazepam
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	PG		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	NPB		phenytoin sodium
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	NPB		phenytoin

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DILANTIN ORAL CAPSULE 30 MG	PB		
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	NPB		phenytoin
divalproex oral capsule, delayed rel sprinkle 125 mg	PG		
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	PG		
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	PG		
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	NPB	ST	levetiracetam
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PS	PA; LA	
epitol oral tablet 200 mg	PG		
EPRONTIA ORAL SOLUTION 25 MG/ML	FE	PA; ST	topiramate
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NPB		carbamazepine, carbamazepine er
ethosuximide oral capsule 250 mg	PG		
ethosuximide oral solution 250 mg/5 ml	PG		
felbamate oral suspension 600 mg/5 ml	PG		
felbamate oral tablet 400 mg, 600 mg	PG		
FELBATOL ORAL TABLET 400 MG, 600 MG	NPB		felbamate
FINTEPLA ORAL SOLUTION 2.2 MG/ML	FE	PA; QL	DIACOMIT, EPIDIOLEX
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	PB		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	PB		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	PG		
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	PG		
gabapentin oral tablet 600 mg, 800 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	NPB	ST	gabapentin, pregabalin, pregabalin er
KEPPRA ORAL SOLUTION 100 MG/ML	FE	PA; ST	levetiracetam
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	FE	PA; ST	levetiracetam
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	FE	PA; ST	levetiracetam
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	FE	PA	clonazepam
lacosamide oral solution 10 mg/ml	PG	PA	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	PG	PA	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	FE	PA; ST	lamotrigine odt
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	FE	PA; ST	lamotrigine odt
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	FE	PA; ST	lamotrigine odt
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	FE	PA; ST	lamotrigine odt
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	FE	PA; ST	lamotrigine
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	FE	PA; ST	lamotrigine
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	FE	PA; ST	lamotrigine
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	FE	PA; ST	lamotrigine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	FE	PA; ST	lamotrigine
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	FE	PA; ST	lamotrigine
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	NPB	ST	lamotrigine
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	NPB	ST	lamotrigine
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	NPB	ST	lamotrigine
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG		
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	PG		
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PG		
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	PG		
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	PG		
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	PG		
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	PG		
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	PG		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	FE	PA; ST	pregabalin er
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	FE	PA	pregabalin capsules
LYRICA ORAL SOLUTION 20 MG/ML	FE	PA	pregabalin oral solution
methsuximide oral capsule 300 mg	PG		
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	FE	PA; ST	
MYSOLINE ORAL TABLET 250 MG, 50 MG	NPB		primidone
NAYZILAM NASAL SPRAY, NON- AEROSOL 5 MG/SPRAY (0.1 ML)	PB	QL	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	FE	PA; ST	gabapentin
NEURONTIN ORAL SOLUTION 250 MG/5 ML	FE	PA; ST	gabapentin
NEURONTIN ORAL TABLET 600 MG, 800 MG	FE	PA; ST	gabapentin
ONFI ORAL SUSPENSION 2.5 MG/ML	FE	PA	clobazam
ONFI ORAL TABLET 10 MG, 20 MG	FE	PA	clobazam
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	PG		
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG		
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	NPB	ST	oxcarbazepine
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	PG		
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	NPB		phenytoin sodium
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	PG		
phenytoin oral tablet, chewable 50 mg	PG		
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	PG		
pregabalin oral solution 20 mg/ml	PG		
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	PG	ST	
PRIMIDONE ORAL TABLET 125 MG	FE	PA	primidone
primidone oral tablet 250 mg, 50 mg	PG		
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	NPB	ST	topiramate er
roovepra oral tablet 500 mg	PG		
rufinamide oral suspension 40 mg/ml	PG		
rufinamide oral tablet 200 mg, 400 mg	PG		
SABRIL ORAL POWDER IN PACKET 500 MG	FE	PA; QL; LA	vigabatrin, vigadrone
SABRIL ORAL TABLET 500 MG	FE	PA; QL; LA	vigabatrin
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	NPB	ST	levetiracetam, levetiracetam
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PG		
subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)	PG		
subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)	PG		
subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	NPB		clobazam
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	NPB		carbamazepine
TEGRETOL ORAL TABLET 200 MG	NPB		carbamazepine
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	NPB		carbamazepine er
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	PG		
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	FE	PA; ST	topiramate
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	FE	PA; ST	topiramate
topiramate oral capsule, sprinkle 15 mg, 25 mg	PG		
topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	PG	ST	
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	PG	ST	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG		
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	FE	PA; ST	oxcarbazepine
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	FE	PA; ST	oxcarbazepine
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	NPB	ST	topiramate, topiramate er
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	PG		
valproic acid oral capsule 250 mg	PG		
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	NPB	QL	NAYZILAM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
vigabatrin oral powder in packet 500 mg	PS	PA; QL; LA	
vigabatrin oral tablet 500 mg	PS	PA; QL; LA	
vigadrone oral powder in packet 500 mg	PS	QL	
vigadrone oral tablet 500 mg	NPS	QL	
VIMPAT ORAL SOLUTION 10 MG/ML	FE	PA; ST	lacosamide
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	FE	PA; ST	lacosamide
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
ZARONTIN ORAL CAPSULE 250 MG	NPB		ethosuximide
ZARONTIN ORAL SOLUTION 250 MG/5 ML	NPB		ethosuximide
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	FE	PA; ST	zonisamide
ZONISADE ORAL SUSPENSION 100 MG/5 ML	FE	PA; ST	zonisamide
zonisamide oral capsule 100 mg, 25 mg, 50 mg	PG		
ZTALMY ORAL SUSPENSION 50 MG/ML	NPS	PA	
ANTIPARKINSONISM AGENTS			
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	FE	PA; QL; LA	apomorphine hcl
apomorphine subcutaneous cartridge 10 mg/ml	PS	PA; QL	
AZILECT ORAL TABLET 0.5 MG, 1 MG	NPB		rasagiline mesylate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	PG		
bromocriptine oral capsule 5 mg	PG		
bromocriptine oral tablet 2.5 mg	PG		
carbidopa oral tablet 25 mg	PG	PA	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	PG		
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	PG		
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	PG		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	PG		
COMTAN ORAL TABLET 200 MG	NPB		entacapone
DHIVY ORAL TABLET 25-100 MG	FE	PA	carbidopa/levodopa
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	NPS	PA; LA	carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa
entacapone oral tablet 200 mg	PG		
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	FE	PA; QL	Immediate-release amantadine capsules, amantadine tablets, or amantadine oral solution
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PS	QL	
LODOSYN ORAL TABLET 25 MG	NPB	PA	carbidopa
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	NPB		pramipexole er
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	NPB		pramipexole di-hcl, pramipexole er, ropinirole hcl

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOURIANZ ORAL TABLET 20 MG, 40 MG	NPS	QL; LA	cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl, KYNMOBI
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	FE	PA; QL	entacapone
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	FE	PA; QL	Immediate-release amantadine capsules, amantadine tablets, or amantadine oral solution
PARLODEL ORAL CAPSULE 5 MG	NPB		bromocriptine mesylate
PARLODEL ORAL TABLET 2.5 MG	NPB		bromocriptine mesylate
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	PG		
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	PG		
rasagiline oral tablet 0.5 mg, 1 mg	PG		
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PG		
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	PG		
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25- 245 MG	NPB		carbidopa/levodopa, carbidopa-levodopa er
selegiline hcl oral capsule 5 mg	PG		
selegiline hcl oral tablet 5 mg	PG		
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NPB		carbidopa/levodopa
STALEVO 100 ORAL TABLET 25- 100-200 MG	NPB		carbidopa-levodopa- entacapone
STALEVO 125 ORAL TABLET 31.25- 125-200 MG	NPB		carbidopa-levodopa- entacapone
STALEVO 150 ORAL TABLET 37.5- 150-200 MG	NPB		carbidopa-levodopa- entacapone
STALEVO 200 ORAL TABLET 50- 200-200 MG	NPB		carbidopa-levodopa- entacapone
STALEVO 50 ORAL TABLET 12.5-50- 200 MG	NPB		carbidopa-levodopa- entacapone

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
STALEVO 75 ORAL TABLET 18.75-75-200 MG	NPB		carbidopa-levodopa-entacapone
TASMAR ORAL TABLET 100 MG	NPB	PA	tolcapone
tolcapone oral tablet 100 mg	PG	PA	
trihexyphenidyl oral elixir 0.4 mg/ml	PG		
trihexyphenidyl oral tablet 2 mg, 5 mg	PG		
XADAGO ORAL TABLET 100 MG, 50 MG	FE	PA	rasagiline mesylate, selegiline hcl
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	FE	PA	rasagiline mesylate, selegiline hcl
MIGRAINE & CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	PB	PA	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PB	PA	
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PB	PA	
almotriptan malate oral tablet 12.5 mg, 6.25 mg	PG	QL	
dihydroergotamine injection solution 1 mg/ml	PG		
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	PG	QL	
eletriptan oral tablet 20 mg, 40 mg	PG	QL	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	FE	PA; QL	celecoxib
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PB	PA	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	PB	PA	
ERGOMAR SUBLINGUAL TABLET 2 MG	NPB		ergotamine-caffeine
ergotamine-caffeine oral tablet 1-100 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FROVA ORAL TABLET 2.5 MG	NPB	ST; QL	frovatriptan succinate
frovatriptan oral tablet 2.5 mg	PG	ST; QL	
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	FE	PA; ST; QL	sumatriptan
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	FE	PA; ST; QL	sumatriptan succinate
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	FE	PA; ST; QL	sumatriptan succinate
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	FE	PA; ST; QL	sumatriptan succinate
MAXALT ORAL TABLET 10 MG	FE	PA; ST; QL	rizatriptan
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	FE	PA; ST; QL	rizatriptan
migergot rectal suppository 2-100 mg	PG		
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	NPB	QL	dihydroergotamine mesylate
MIGRANOW KIT, GEL AND TABLET 50 MG- 10 %-4 %	FE	PA	sumatriptan succinate
naratriptan oral tablet 1 mg, 2.5 mg	PG	QL	
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	PB	PA; QL	
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	FE	PA; ST; QL	sumatriptan, zolmitriptan, ZOMIG
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PB	PA	
RELPAK ORAL TABLET 20 MG, 40 MG	FE	PA; ST; QL	eletriptan hbr
REYVOW ORAL TABLET 100 MG, 50 MG	NPB	PA; ST; QL	NURTEC ODT, UBRELVY
rizatriptan oral tablet 10 mg, 5 mg	PG	QL	
rizatriptan oral tablet, disintegrating 10 mg, 5 mg	PG	QL	
sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	PG	QL	
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	PG	QL	
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	PG	QL	
sumatriptan-naproxen oral tablet 85-500 mg	FE	PA; QL	naproxen AND sumatriptan tablets (Imitrex, generics)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	NPB	ST; QL	sumatriptan, zolmitriptan, ZOMIG
TREXIMET ORAL TABLET 85-500 MG	FE	PA; ST; QL	naproxen AND sumatriptan tablets (Imitrex, generics)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	NPB	QL	dihydroergotamine mesylate
UBRELVY ORAL TABLET 100 MG, 50 MG	PB	PA; ST; QL	
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	FE	PA	AIMOVIG AUTOINJECTOR, AJOVY, EMGALITY
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	FE	PA; QL	NURTEC ODT, UBRELVY
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	NPB	ST; QL	sumatriptan succinate
zolmitriptan nasal spray, non-aerosol 5 mg	PG	ST; QL	
zolmitriptan oral tablet 2.5 mg, 5 mg	PG	QL	
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	PG	QL	
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	PB	ST; QL	
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	NPB	ST; QL	zolmitriptan
ZOMIG ORAL TABLET 2.5 MG, 5 MG	FE	PA; ST; QL	zolmitriptan

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MISCELLANEOUS NEUROLOGICAL THERAPY			
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	NPB	ST	donepezil hcl
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML	FE	PA; LA	
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	FE	PA	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	FE	PA; ST; QL; LA	dalfampridine er
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	FE	PA; LA	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	NPB	ST	donepezil hcl
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PS	PA; ST; QL; LA	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	NPS	PA; QL; LA	
AUSTEDO XR TITRATION KT(WK1- 4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	NPS	PA; QL; LA	
dalfampridine oral tablet extended release 12 hr 10 mg	PS	PA; ST; QL; LA	
DAYBUE ORAL SOLUTION 200 MG/ML	FE	PA	
dichlorphenamide oral tablet 50 mg	NPS	LA	
donepezil oral tablet 10 mg, 5 mg	PG		
donepezil oral tablet 23 mg	PG	ST	
donepezil oral tablet,disintegrating 10 mg, 5 mg	PG		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	NPS	PA; QL; LA	SPINRAZA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	NPB	ST	rivastigmine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	FE	PA	
FIRDAPSE ORAL TABLET 10 MG	PS		
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	PG		
galantamine oral solution 4 mg/ml	PG		
galantamine oral tablet 12 mg, 4 mg, 8 mg	PG		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	NPB	ST	gabapentin, pregabalin, pregabalin er
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	NPS	PA; ST; QL	AUSTEDO
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	NPS	PA; ST; QL	AUSTEDO
KEVEYIS ORAL TABLET 50 MG	FE	PA	dichlorphenamide
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	FE	PA	
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	PG		
memantine oral solution 2 mg/ml	PG		
memantine oral tablet 10 mg, 5 mg	PG		
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	NPB		memantine hcl
NAMENDA ORAL TABLET 10 MG, 5 MG	NPB	ST	memantine hcl
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	NPB		memantine hcl
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	NPB		memantine hcl er
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	FE	PA; ST	memantine hcl er
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	PB	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PB	ST	
NUEDEXTA ORAL CAPSULE 20-10 MG	PB		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	NPS	PA	
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	FE	PA; QL; LA	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	PS	PA	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	PS	PA; LA	
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	FE	PA; LA	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	PG		
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	PG		
SKYCLARYS ORAL CAPSULE 50 MG	FE	PA	
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	NPS	PA	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	PS	PA; QL; LA	
tetrabenazine oral tablet 12.5 mg, 25 mg	PS	PA; ST; QL; LA	
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	PS	PA; QL; LA	
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	FE	PA	
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	FE	PA	
XENAZINE ORAL TABLET 12.5 MG, 25 MG	FE	PA; ST; QL; LA	tetrabenazine
ZEPOSIA ORAL CAPSULE 0.92 MG	PS	PA; ST; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	NPS	PA; QL; LA	
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PS	PA; ST; QL; LA	
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	PS	PA; LA	
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY			
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	FE	PA; ST	cyclobenzaprine 5 mg or 10 mg
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML), 5 MG/5 ML	FE	PA; ST	baclofen
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	PG		
baclofen oral tablet 10 mg, 20 mg, 5 mg	PG		
carisoprodol oral tablet 250 mg, 350 mg	NPG		metaxalone, tizanidine hcl
carisoprodol-aspirin oral tablet 200-325 mg	NPG		metaxalone, tizanidine hcl
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	NPG	PA; QL	metaxalone, tizanidine hcl
chlorzoxazone oral tablet 250 mg, 750 mg	FE	PA	chlorzoxazone 500 mg
chlorzoxazone oral tablet 375 mg	FE	PA	
chlorzoxazone oral tablet 500 mg	PG		
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	FE	PA; ST	cyclobenzaprine 5 mg or 10 mg
cyclobenzaprine oral tablet 10 mg, 5 mg	PG		
cyclobenzaprine oral tablet 7.5 mg	FE	PA	cyclobenzaprine 5 mg or 10 mg
CYCLOTENS REFILL COMBO PACK 10 MG	FE	PA	
CYCLOTENS STARTER COMBO PACK 10 MG	FE	PA	
DANTRIUM ORAL CAPSULE 25 MG	NPB		dantrolene sodium

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dantrolene oral capsule 100 mg, 25 mg, 50 mg	PG		
FEXMID ORAL TABLET 7.5 MG	FE	PA; ST	cyclobenzaprine 5 mg or 10 mg
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	FE	PA; ST	baclofen
LORZONE ORAL TABLET 375 MG	FE	PA; ST	
LORZONE ORAL TABLET 750 MG	FE	PA; ST	chlorzoxazone 500 mg
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	FE	PA; ST	baclofen
meprobamate oral tablet 200 mg, 400 mg	NPG		alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam
MESTINON ORAL SYRUP 60 MG/5 ML	FE	PA	pyridostigmine bromide
MESTINON ORAL TABLET 60 MG	FE	PA	pyridostigmine bromide
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	FE	PA	pyridostigmine bromide er
metaxalone oral tablet 400 mg, 800 mg	PG		
METHOCARBAMOL ORAL TABLET 1,000 MG	FE	PA	methocarbamol
methocarbamol oral tablet 500 mg, 750 mg	PG		
NORGESIC FORTE ORAL TABLET 50-770-60 MG	FE	PA	orphenadrine citrate ER 100 mg tablets AND OTC aspirin and caffeine-containing product
NORGESIC ORAL TABLET 25-385-30 MG	FE	PA	orphenadrine citrate ER 100 mg tablets AND OTC aspirin and caffeine-containing product
orphenadrine citrate oral tablet extended release 100 mg	PG		
orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg	FE	PA	orphenadrine citrate ER 100 mg tablets AND OTC aspirin and caffeine-containing product

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
orphengesic forte oral tablet 50-770-60 mg	FE	PA	orphenadrine citrate ER 100 mg tablets AND OTC aspirin and caffeine-containing product
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	FE	PA; ST	
OZOBAX ORAL SOLUTION 5 MG/5 ML	FE	PA; ST	baclofen
pyridostigmine bromide oral syrup 60 mg/5 ml	PG		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	NPB		pyridostigmine bromide
pyridostigmine bromide oral tablet 60 mg	PG		
pyridostigmine bromide oral tablet extended release 180 mg	PG		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	FE	PA	
SOMA ORAL TABLET 250 MG, 350 MG	NPB		metaxalone, tizanidine hcl
tizanidine oral capsule 2 mg, 4 mg, 6 mg	FE	PA	tizanidine tablets
tizanidine oral tablet 2 mg, 4 mg	PG		
vanodom oral tablet 350 mg	NPG		metaxalone, tizanidine hcl
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	NPS	PA; LA	
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	NPB		tizanidine hcl
ZANAFLEX ORAL TABLET 4 MG	NPB		tizanidine hcl
NARCOTIC ANALGESICS			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	PG	PA; QL	
acetaminophen-codeine oral solution 120-12 mg/5 ml	PG	PA; QL	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	PG	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ascomp with codeine oral capsule 30-50-325-40 mg	PG	PA; QL	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	PB	ST; QL	
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	NPS	LA	
BUPAP ORAL TABLET 50-300 MG	FE	PA; ST	acetaminophen w/butalbital
buprenorphine hcl sublingual tablet 2 mg, 8 mg	PG		
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	PG	ST	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	PG	PA; QL	
butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	PG	PA; QL	
butalbital-acetaminophen oral capsule 50-300 mg	PG		
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	PG		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	PG		
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	PG		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	PG		
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	PG		
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	FE	PA; ST	buprenorphine
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	PG	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	PG	PA; QL	
DILAUDID ORAL LIQUID 1 MG/ML	NPB	PA; QL	hydromorphone hcl
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	NPB	PA; QL	hydromorphone hcl
diskets oral tablet,soluble 40 mg	PG	ST; QL	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	NPB		
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	PA; QL	
ESGIC ORAL CAPSULE 50-325-40 MG	NPB	ST	butalbital/apap/caffeine
ESGIC ORAL TABLET 50-325-40 MG	NPB	ST	butalbital/apap/caffeine
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	PG	ST; QL	
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	FE	PA; ST; QL	fentanyl citrate
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	PG	ST; QL	
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	FE	PA; ST; QL	fentanyl citrate
FIORICET ORAL CAPSULE 50-300- 40 MG	NPB	ST	butalbital/apap/caffeine
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	NPB	PA; QL	butalbital/caff/apap/codeine
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	ST; QL	
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	PG	ST; QL	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5- 325 mg/15 ml	PG	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	PG	PA; QL	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	PG	PA; QL	
hydromorphone oral liquid 1 mg/ml	PG	PA; QL	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	PG	PA; QL	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	PG	ST; QL	
hydromorphone rectal suppository 3 mg	PG	PA; QL	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	PB	ST; QL	
levorphanol tartrate oral tablet 2 mg, 3 mg	FE	PA; QL	morphine-containing product, a hydrocodone-containing product, a hydromorphone-containing product, an oxycodone-containing product, an oxymorphone-containing product, a fentanyl-containing product, a methadone-containing product, or a tapentadol-containing product
meperidine oral solution 50 mg/5 ml	NPG	PA; QL	hydromorphone hcl, morphine sulfate, oxycodone hcl
meperidine oral tablet 50 mg	NPG	PA; QL	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
methadone oral concentrate 10 mg/ml	PG	ST; QL	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	PG	ST; QL	
methadone oral tablet 10 mg, 5 mg	PG	ST; QL	
methadone oral tablet, soluble 40 mg	PG	ST; QL	
methadose oral concentrate 10 mg/ml	PG	ST; QL	
methadose oral tablet, soluble 40 mg	PG	ST; QL	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	PG	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	PG	ST; QL	
morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	PG	ST; QL	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	PG	PA; QL	
morphine oral tablet 15 mg, 30 mg	PG	PA; QL	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	PG	ST; QL	
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	PG	PA; QL	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	NPB	ST; QL	morphine sulfate er
NALOCET ORAL TABLET 2.5-300 MG	NPB	PA; QL	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	FE	PA; QL	oxycodone hcl
oxycodone oral capsule 5 mg	PG	PA; QL	
oxycodone oral concentrate 20 mg/ml	PG	PA; QL	
oxycodone oral solution 5 mg/5 ml	PG	PA; QL	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	PG	PA; QL	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	FE	PA; ST; QL	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	PG	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	PG	PA; QL	
oxycodone-acetaminophen oral tablet 10-300 mg	PG	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
oxycodone-acetaminophen oral tablet 2.5-300 mg	PG	PA; QL	oxycodone-acetaminophen 2.5-325 mg tablets
oxycodone-acetaminophen oral tablet 5-300 mg	PG	PA; QL	oxycodone-acetaminophen 5-325 mg tablets
oxycodone-acetaminophen oral tablet 7.5-300 mg	PG	PA; QL	oxycodone-acetaminophen 7.5-325 mg tablets
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	PB	ST; QL	
oxymorphone oral tablet 10 mg, 5 mg	PG	PA; QL	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	PG	ST; QL	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	FE	PA; QL	oxycodone w/acetaminophen
PRIMLEV ORAL TABLET 10-300 MG	FE	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
PRIMLEV ORAL TABLET 5-300 MG	FE	PA; QL	oxycodone-acetaminophen 5-325 mg tablets
PRIMLEV ORAL TABLET 7.5-300 MG	FE	PA; QL	oxycodone-acetaminophen 7.5-325 mg tablets
PROLATE ORAL SOLUTION 10-300 MG/5 ML	FE	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
prolate oral tablet 10-300 mg	PG	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
prolate oral tablet 5-300 mg	PG	PA; QL	oxycodone-acetaminophen 5-325 mg tablets
prolate oral tablet 7.5-300 mg	PG	PA; QL	oxycodone-acetaminophen 7.5-325 mg tablets
ROXICODONE ORAL TABLET 15 MG, 30 MG	NPB	PA; QL	oxycodone hcl
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	FE	PA; QL	oxycodone hcl
SEGLENTIS ORAL TABLET 44-56 MG	FE	PA; QL	celecoxib, tramadol hcl

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	PS	LA	
tencon oral tablet 50-325 mg	PG		
TREZIX ORAL CAPSULE 320.5-30-16 MG	NPB	PA; QL	apap-caffeine-dihydrocodeine
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	FE	PA; ST; QL	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hel er, HYSINGLA ER, OXYCONTIN
zebutal oral capsule 50-325-40 mg	PG		
NON-NARCOTIC ANALGESICS			
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	NPG	ACA	
ANAPROX DS ORAL TABLET 550 MG	NPB	ST	naproxen sodium
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	NPB	ST	diclofenac sodium-misoprostol
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	NPB	ST	diclofenac sodium-misoprostol
aspirin childrens oral tablet,chewable 81 mg	PG	ACA	
aspirin oral tablet 325 mg	PG		
aspirin oral tablet,chewable 81 mg	PG	ACA	
aspirin oral tablet,delayed release (dr/ec) 325 mg	PG		
aspirin oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
aspirin,buffd-calcium carb-mag oral tablet 325 mg	PG		
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	PG		
bayer aspirin oral tablet 325 mg	PG		
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
bufferin oral tablet 325 mg	PG		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	PG		
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	PG		
butorphanol injection solution 1 mg/ml, 2 mg/ml	PG	PA; QL	
butorphanol nasal spray,non-aerosol 10 mg/ml	PG	PA; QL	
CAMBIA ORAL POWDER IN PACKET 50 MG	NPB	ST; QL	diclofenac potassium
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE	PA	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE	PA	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	FE	PA	celecoxib
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	PG		
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	FE	PA; QL	tramadol hcl er
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	FE	PA; QL	tramadol hcl er
DAYPRO ORAL TABLET 600 MG	NPB	ST	oxaprozin
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE	PA	diclofenac sodium
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	FE	PA; ST; QL	FLECTOR, LICART
diclofenac potassium oral capsule 25 mg	PG		
diclofenac potassium oral powder in packet 50 mg	PG	ST; QL	
diclofenac potassium oral tablet 25 mg	PG	ST	
diclofenac potassium oral tablet 50 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
diclofenac sodium oral tablet extended release 24 hr 100 mg	PG		
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	PG		
diclofenac sodium topical drops 1.5 %	PG	QL	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	PG	ST; QL	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	FE	PA; ST; QL	indomethacin (generics), etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro,
diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	PG		
DICLOFEX DC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	FE	PA	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	FE	PA	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE	PA	
DICLOPR TOPICAL COMBO PACK, CREAM AND GEL 1-30-10 %	FE	PA	
DICLOSAICIN TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	FE	PA	
DICLOTRAL TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	FE	PA	diclofenac sodium
DICLOTREX II TOPICAL KIT 1.5-10-4 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DICLOTREX TOPICAL KIT 1.5-10-4 %	FE	PA	
diflunisal oral tablet 500 mg	PG		
DIMENTHO TOPICAL KIT 1.5-10 %	FE	PA	
DISALCID ORAL TABLET 500 MG, 750 MG	NPB		salsalate
DITHOL TOPICAL COMBO PACK 1.5-10 %	FE	PA	
DUEXIS ORAL TABLET 800-26.6 MG	NPB	ST	ibuprofen-famotidine
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	NPB	ST	naproxen
ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg	PG	ACA	
ecotrin oral tablet, delayed release (dr/ec) 325 mg	PG		
etodolac oral capsule 200 mg, 300 mg	PG		
etodolac oral tablet 400 mg, 500 mg	PG		
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	PG		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	PS	PA; LA	
FELDENE ORAL CAPSULE 10 MG, 20 MG	NPB	ST	piroxicam
FENOPROFEN ORAL CAPSULE 200 MG	FE	PA; ST	fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
fenoprofen oral capsule 400 mg	PG	ST	
fenoprofen oral tablet 600 mg	PG	ST	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE	PA	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	PB	ST; QL	
flurbiprofen oral tablet 100 mg	PG		
FROTEK TOPICAL CREAM IN PACKET 10 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	FE	PA	
ibu oral tablet 400 mg, 600 mg, 800 mg	PG		
IBUPAK ORAL KIT 600 MG	FE	PA	
ibuprofen oral suspension 100 mg/5 ml	PG		
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	PG		
ibuprofen-famotidine oral tablet 800- 26.6 mg	PG	ST	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 %	FE	PA	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	FE	PA; ST	ibuprofen suspension (e.g., Motrin, generics) or naproxen suspension (e.g., Naprosyn, generics)
INDOCIN RECTAL SUPPOSITORY 50 MG	FE	PA	
indomethacin oral capsule 25 mg, 50 mg	PG		
indomethacin oral capsule, extended release 75 mg	PG		
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	FE	PA	
indomethacin rectal suppository 50 mg	PG		
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6- 3.1 %	FE	PA	diclofenac sodium
ketoprofen oral capsule 25 mg	FE	PA; ST	etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro, generics), diclofenac (V
ketoprofen oral capsule 50 mg, 75 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	PG	ST	
KETOROLAC NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	FE	PA; ST; QL	diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam
ketorolac oral tablet 10 mg	PG	QL	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	PB	QL	
LEXITRAL PHARMAPAK II TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE	PA	
LEXTOL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE	PA	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	PB	ST; QL	
LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML	FE	PA	
LODINE ORAL TABLET 400 MG	NPB	ST	
lofena oral tablet 25 mg	PG	ST	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	NPB		
LUCEMYRA ORAL TABLET 0.18 MG	FE	PA; QL	clonidine hcl
meclofenamate oral capsule 100 mg, 50 mg	PG		
mefenamic acid oral capsule 250 mg	PG		
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	FE	PA; ST; QL	ibuprofen, naproxen
meloxicam oral tablet 15 mg, 7.5 mg	PG	QL	
meloxicam submicronized oral capsule 10 mg, 5 mg	PG	ST; QL	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	PS	PA; LA	
nabumetone oral tablet 500 mg, 750 mg	PG		
NALFON ORAL CAPSULE 400 MG	FE	PA; ST	fenoprofen calcium
NALFON ORAL TABLET 600 MG	NPB	ST	fenoprofen calcium
naloxone injection solution 0.4 mg/ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	PG		
naloxone nasal spray,non-aerosol 4 mg/actuation	PG	QL	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	NPB		
naltrexone oral tablet 50 mg	PG		
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	NPB	ST	naproxen sodium er
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	NPB	ST	naproxen
NAPROSYN ORAL TABLET 500 MG	NPB	ST	naproxen
naproxen oral suspension 125 mg/5 ml	PG	ST	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PG		
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	PG		
naproxen sodium oral tablet 275 mg, 550 mg	PG		
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	PG	ST	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	PG	ST	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	NPB	QL	naloxone hcl
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	FE	PA; ST; QL	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxycodone hcl er, HYSINGLA ER, OXYCONTIN
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	FE	PA; QL	hydrocodone w/acetaminophen, morphine sulfate, oxycodone hcl, tramadol hcl, tramadol hcl-acetaminophen
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE	PA	diclofenac sodium

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	NPB		naloxone hcl, KLOXXADO
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	PS	PA; LA	
oxaprozin oral tablet 600 mg	PG		
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	FE	PA; ST; QL	diclofenac sodium
pentazocine-naloxone oral tablet 50-0.5 mg	NPG	PA; QL	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
piroxicam oral capsule 10 mg, 20 mg	PG		
PROFINAC TOPICAL KIT 1.5 %	FE	PA	
QDOLO ORAL SOLUTION 5 MG/ML	FE	PA; QL	tramadol hcl
RELAFEN DS ORAL TABLET 1,000 MG	FE	PA; ST	nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin
ROAOXIA TOPICAL GEL 3-2-4 %	FE	PA	
salsalate oral tablet 500 mg, 750 mg	PG		
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	NPS	ST; QL	etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen
st joseph aspirin oral tablet, chewable 81 mg	PG	ACA	
st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg	NPG	ACA	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	FE	PA	buprenorphine-naloxone
sulindac oral tablet 150 mg, 200 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TIVORBEX ORAL CAPSULE 20 MG	FE	PA; ST; QL	indomethacin (generics), etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro,
tolmetin oral capsule 400 mg	PG	ST	
tolmetin oral tablet 600 mg	PG	ST	
TORONOVA II SUIK KIT 30 MG/ML	FE	PA	
TORONOVA SUIK KIT 30 MG/ML	FE	PA	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	FE	PA; QL	tramadol hcl er
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	FE	PA; QL	tramadol hcl er
TRAMADOL ORAL SOLUTION 5 MG/ML	FE	PA; QL	tramadol hcl
TRAMADOL ORAL TABLET 100 MG	FE	PA; QL	tramadol hcl
tramadol oral tablet 50 mg	PG	PA; QL	
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	PG	QL	
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	PG	QL	
tramadol-acetaminophen oral tablet 37.5-325 mg	PG	PA; QL	
tri-buffered aspirin oral tablet 325 mg	PG		
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE	PA	
VENNGEL ONE TOPICAL KIT 1 %	FE	PA	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	FE	PA; ST	naproxen-esomeprazole mag

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	FE	PA; LA	EUFLEXXA, MONOVISC, ORTHOVISC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	PS	LA	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	FE	PA; ST; QL	indomethacin (generics), etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro,
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	FE	PA	diclofenac sodium
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE	PA	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE	PA	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	FE	PA	naloxone hcl
ZIPSOR ORAL CAPSULE 25 MG	FE	PA; ST	diclofenac potassium
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	FE	PA; ST; QL	indomethacin (generics), etodolac (generics), flurbiprofen (Ansaid, generics), ibuprofen (e.g., Motrin, generics), ketoprofen (generics), meloxicam (Mobic, generics), nabumetone (generics), naproxen (e.g., Naprosyn, Naprelan, generics), oxaprozin (Daypro,
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PSYCHOTHERAPEUTIC DRUGS			
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	NPB	QL	aripiprazole
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	NPB	QL	aripiprazole
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	FE	PA; QL	aripiprazole
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	NPB		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	FE	PA	dextroamphetamine-amphetamine
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	FE	PA	dextroamphetamine-amphet er
ADZENYS XR-ODT ORAL TABLET,DISINTEGR ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	NPB		dextroamphetamine-amphet er, lisdexamfetamine dimesylate
alprazolam intensol oral concentrate 1 mg/ml	PG		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	PG		
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	FE	PA; ST	zolpidem tartrate er
AMBIEN ORAL TABLET 10 MG, 5 MG	FE	PA; ST	zolpidem tartrate
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	PG		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PG		
amphetamine sulfate oral tablet 10 mg, 5 mg	PG		
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	NPB		clomipramine hcl
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	FE	PA; ST; QL	bupropion xl 150 mg or 300 mg
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	FE	PA	methylphenidate er
aripiprazole oral solution 1 mg/ml	PG		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PG	QL	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	PG	QL	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	PG	PA	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	PG	QL	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	NPB		lorazepam
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	PG		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	FE	PA; ST; QL	bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	NPB		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	NPB	ST	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
bupropion hcl oral tablet 100 mg, 75 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	PG	QL	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	FE	PA; ST; QL	bupropion xl 150 mg or 300 mg
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	PG	QL	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	FE	PA; ST; QL	citalopram hbr
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PG		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	PG		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PG		
CITALOPRAM ORAL CAPSULE 30 MG	FE	PA; ST; QL	citalopram hbr
citalopram oral solution 10 mg/5 ml	PG		
citalopram oral tablet 10 mg, 20 mg, 40 mg	PG	QL	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	PG		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	PG		
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG		
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PG		
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NPB		clozapine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	FE	PA	methylphenidate er
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	NPB		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	FE	PA; ST; QL	duloxetine hcl
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	NPB		methylphenidate
DAYVIGO ORAL TABLET 10 MG, 5 MG	NPB	ST	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
DESOXYN ORAL TABLET 5 MG	NPB		methamphetamine hcl
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	NPB	ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	PG	ST; QL	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	NPB		dextroamphetamine sulfate er
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	PG		
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	PG		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	PG		
dextroamphetamine sulfate oral solution 5 mg/5 ml	PG		
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	PG		
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	PG	ST	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	PG		
diazepam intensol oral concentrate 5 mg/ml	PG		
diazepam oral solution 5 mg/5 ml (1 mg/ml)	PG		
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG		
DORAL ORAL TABLET 15 MG	FE	PA	estazolam, lorazepam
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
doxepin oral concentrate 10 mg/ml	PG		
doxepin oral tablet 3 mg, 6 mg	PG	ST	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	FE	PA; ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	PG	QL	
duloxetine oral capsule, delayed release(dr/ec) 40 mg	PG	ST; QL	
DULOXICAINE KIT 30 MG- 4%	FE	PA	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	FE	PA	dextroamphetamine er, dextroamphetamine-amphetamine er, lisdexamfetamine dimesylate, MYDAYIS, VYVANSE
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	FE	PA	dextroamphetamine er, dextroamphetamine-amphetamine er, lisdexamfetamine dimesylate, MYDAYIS, VYVANSE
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	NPB	ST	eszopiclone, zaleplon, zolpidem tartrate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	FE	PA; ST; QL	venlafaxine hcl er
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	NPB		phenelzine sulfate, tranylcypromine sulfate
ergoloid oral tablet 1 mg	PG		
escitalopram oxalate oral solution 5 mg/5 ml	PG	ST	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	QL	
estazolam oral tablet 1 mg, 2 mg	PG		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PG		
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	NPB		dextroamphetamine-amphet er, lisdexamfetamine dimesylate
EVEKEO ORAL TABLET 10 MG, 5 MG	FE	PA	amphetamine sulfate
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	PB	ST; QL	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	PB	ST; QL	
fluoxetine oral capsule 10 mg, 40 mg	PG	QL	
fluoxetine oral capsule 20 mg	PG		
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	PG	ST; QL	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fluoxetine oral tablet 10 mg	PG	ST; QL	
fluoxetine oral tablet 20 mg, 60 mg	PG	ST	
fluphenazine hcl oral concentrate 5 mg/ml	PG		
fluphenazine hcl oral elixir 2.5 mg/5 ml	PG		
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PG		
flurazepam oral capsule 15 mg, 30 mg	PG		
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	PG	ST; QL	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	FE	PA	dexmethylphenidate hcl
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	FE	PA	dexmethylphenidate hcl er
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	FE	PA; ST; QL	bupropion xl 150 mg or 300 mg
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	NPB	QL	ziprasidone hcl
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	PG		
HALCION ORAL TABLET 0.25 MG	NPB		triazolam
haloperidol lactate oral concentrate 2 mg/ml	PG		
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PG		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	NPS	PA; LA	
HETLIOZ ORAL CAPSULE 20 MG	NPS	PA; LA	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	NPB		
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	PG		
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	FE	PA; ST	guanfacine hcl er
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	NPB	QL	paliperidone er
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	NPB		dexamethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la
KETAMINE SUBLINGUAL TROCHE 100 MG	NPB		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	FE	PA; QL	lurasidone hcl
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	FE	PA; ST; QL	escitalopram oxalate
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	PG		
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PG		
lithium carbonate oral tablet 300 mg	PG		
lithium carbonate oral tablet extended release 300 mg, 450 mg	PG		
lithium citrate oral solution 8 meq/5 ml	PG		
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	NPB		lithium carbonate
lorazepam intensol oral concentrate 2 mg/ml	PG		
lorazepam oral concentrate 2 mg/ml	PG		
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG		
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	FE	PA	lorazepam
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	NPS	ST; QL; LA	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	FE	PA; ST	eszopiclone
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG	QL	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	FE	PA; QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
MARPLAN ORAL TABLET 10 MG	NPB		phenelzine sulfate, tranylcypromine sulfate
methamphetamine oral tablet 5 mg	PG		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	NPB		methylphenidate hcl
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	PG		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	PG		
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	PG		
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	PG		
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	PG	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	FE	PA	dexmethylphenidate hcl er, dextroamphetamine sulfate er, dextroamphetamine/ampheta mine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	PG		
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	PG		
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	NPB		
midazolam oral syrup 2 mg/ml	PG		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PG		
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	PG		
MKO (MIDAZOLAM-KETAMINE- ONDAN) SUBLINGUAL TROCHE 3- 25-2 MG	NPB		
modafinil oral tablet 100 mg, 200 mg	PG	PA	
molindone oral tablet 10 mg, 25 mg, 5 mg	PG		
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	PB		
NARDIL ORAL TABLET 15 MG	NPB		phenelzine sulfate
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	NPG		bupropion hcl, mirtazapine, trazodone hcl
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NPB		desipramine hcl
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PG		
nortriptyline oral solution 10 mg/5 ml	PG		
NUPLAZID ORAL CAPSULE 34 MG	NPS	QL; LA	clozapine, quetiapine fumarate
NUPLAZID ORAL TABLET 10 MG	NPS	QL; LA	clozapine, quetiapine fumarate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	FE	PA; ST	armodafinil
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PG	QL	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	PG	QL	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PG		
oxazepam oral capsule 10 mg, 15 mg, 30 mg	NPG		lorazepam
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	PG	QL	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	NPB		nortriptyline hcl
PARNATE ORAL TABLET 10 MG	NPB		tranylcypromine sulfate
paroxetine hcl oral suspension 10 mg/5 ml	PG	ST	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PG	QL	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	PG	ST; QL	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	PG	ST; QL	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	NPB	ST; QL	paroxetine er
PAXIL ORAL SUSPENSION 10 MG/5 ML	NPB	ST	paroxetine hcl
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	NPB	ST; QL	paroxetine hcl
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PG		
perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PG		
phenelzine oral tablet 15 mg	PG		
pimozide oral tablet 1 mg, 2 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	FE	PA; ST; QL	desvenlafaxine succinate er
procentra oral solution 5 mg/5 ml	PG		
protriptyline oral tablet 10 mg, 5 mg	PG		
PROVIGIL ORAL TABLET 100 MG, 200 MG	FE	PA; ST	modafinil
PROZAC ORAL CAPSULE 10 MG, 40 MG	FE	PA; ST; QL	fluoxetine hcl
PROZAC ORAL CAPSULE 20 MG	FE	PA; ST	fluoxetine hcl
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	NPB	ST	atomoxetine hcl, clonidine hcl er, guanfacine hcl er
QUAZEPAM ORAL TABLET 15 MG	FE	PA	estazolam, lorazepam
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PG	QL	
QUETIAPINE ORAL TABLET 150 MG	FE	PA; QL	quetiapine fumarate
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PG	QL	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	FE	PA	dexmethylphenidate hcl er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	FE	PA	dexmethylphenidate hcl er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
QUVIVIQ ORAL TABLET 25 MG, 50 MG	NPB	ST	doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er
ramelteon oral tablet 8 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	FE	PA	dexmethylphenidate hcl er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
REMERON ORAL TABLET 15 MG, 30 MG	NPB		mirtazapine
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	NPB		mirtazapine
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	NPB		lorazepam
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
RISPERDAL ORAL SOLUTION 1 MG/ML	NPB		risperidone
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NPB	QL	risperidone
risperidone oral solution 1 mg/ml	PG		
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	QL	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	QL	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	FE	PA	methylphenidate er
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	FE	PA	methylphenidate hcl
ROZEREM ORAL TABLET 8 MG	FE	PA; ST	ramelteon
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	FE	PA; QL	asenapine maleate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	FE	PA; QL	quetiapine fumarate
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	FE	PA; QL	quetiapine fumarate er
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	FE	PA; ST; QL	sertraline hcl
sertraline oral concentrate 20 mg/ml	PG		
sertraline oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
SILENOR ORAL TABLET 3 MG, 6 MG	NPB	ST	doxepin hcl
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	PS	ST; QL	LUMRYZ, SODIUM OXYBATE, XYWAV
SPRAVATO NASAL SPRAY, NON- AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	FE	PA	olanzapine-fluoxetine hcl, bupropion hcl, desvenlafaxine succinate er, duloxetine hcl, escitalopram oxalate, mirtazapine, sertraline hcl
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	FE	PA; ST	atomoxetine hcl
SUNOSI ORAL TABLET 150 MG, 75 MG	PB	ST	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	NPB		olanzapine-fluoxetine hcl
tasimelteon oral capsule 20 mg	NPS	PA; LA	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	NPG		lorazepam
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tranylcypromine oral tablet 10 mg	PG		
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PG		
triazolam oral tablet 0.125 mg, 0.25 mg	PG		
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PG		
trimipramine oral capsule 100 mg, 25 mg, 50 mg	PG		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	NPB	ST; QL	citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	FE	PA	diazepam
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	FE	PA; ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	PG	QL	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	QL	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 75 mg	FE	PA; ST; QL	venlafaxine ER capsules
venlafaxine oral tablet extended release 24hr 37.5 mg	FE	PA; ST; QL	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	NPB		clozapine odt, clozapine
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	FE	PA; ST; QL	vilazodone hcl
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	FE	PA; ST; QL	vilazodone hcl
vilazodone oral tablet 10 mg, 20 mg, 40 mg	PG	ST; QL	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
VYLEESI SUBCUTANEOUS AUTO- INJECTOR 1.75 MG/0.3 ML	NPS	PA; QL	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	NPB		lisdexamfetamine dimesylate
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	PB		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	NPS	ST; LA	armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	FE	PA; ST; QL	bupropion sr
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	FE	PA; ST; QL	bupropion xl
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	FE	PA	alprazolam
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	FE	PA	alprazolam er
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	FE	PA	dextroamphetamine er, dextroamphetamine- amphetamine er, lisdexamfetamine dimesylate, MYDAYIS, VYVANSE
XYREM ORAL SOLUTION 500 MG/ML	FE	PA; ST; QL	LUMRYZ, SODIUM OXYBATE, XYWAV
XYWAV ORAL SOLUTION 0.5 GRAM/ML	PS	ST; QL	
zaleplon oral capsule 10 mg, 5 mg	PG		
zenzedi oral tablet 10 mg, 5 mg	PG		
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NPB		dextroamphetamine sulfate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PG	QL	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	FE	PA; ST	sertraline hcl
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	FE	PA; ST; QL	sertraline hcl
ZOLPIDEM ORAL CAPSULE 7.5 MG	FE	PA; ST	eszopiclone, zaleplon, zolpidem tartrate
zolpidem oral tablet 10 mg, 5 mg	PG		
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	PG		
zolpidem sublingual tablet 1.75 mg, 3.5 mg	PG		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	PS		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	NPS	PA	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	NPB	QL	olanzapine
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	NPB	QL	olanzapine odt

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

amiodarone oral tablet 100 mg, 200 mg, 400 mg	PG		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	NPB		sotalol af
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	NPB		sotalol
disopyramide phosphate oral capsule 100 mg, 150 mg	NPG		amiodarone hcl, quinidine sulfate, sotalol
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PG		
flecainide oral tablet 100 mg, 150 mg, 50 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mexiletine oral capsule 150 mg, 200 mg, 250 mg	PG		
MULTAQ ORAL TABLET 400 MG	NPB		amiodarone hcl, dofetilide, flecainide acetate, propafenone hcl, quinidine sulfate, sotalol
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	FE	PA	amiodarone hcl, quinidine sulfate, sotalol
NORPACE ORAL CAPSULE 100 MG, 150 MG	FE	PA	amiodarone hcl, quinidine sulfate, sotalol
pacerone oral tablet 100 mg, 200 mg, 400 mg	PG		
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	PG		
propafenone oral tablet 150 mg, 225 mg, 300 mg	PG		
quinidine gluconate oral tablet extended release 324 mg	PG		
quinidine sulfate oral tablet 200 mg, 300 mg	PG		
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	NPB		propafenone hcl er
sotalol af oral tablet 120 mg, 160 mg, 80 mg	PG		
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	PG		
SOTYLIZE ORAL SOLUTION 5 MG/ML	PB		
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	FE	PA	dofetilide
ANTIHYPERTENSIVE THERAPY			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	NPB		quinapril
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		quinapril-hydrochlorothiazide
acebutolol oral capsule 200 mg, 400 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		spironolactone
aliskiren oral tablet 150 mg, 300 mg	PG		
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	NPB		ramipril
amiloride oral tablet 5 mg	PG		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	PG		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	PG		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	PG		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	PG		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	PG		
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	PG		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	FE	PA; ST	candesartan-hydrochlorothiazid
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	FE	PA; ST	candesartan cilexetil
atenolol oral tablet 100 mg, 25 mg, 50 mg	PG		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	PG		
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	FE	PA; ST	irbesartan-hydrochlorothiazide
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	FE	PA; ST	irbesartan
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	FE	PA; ST	amlodipine-olmesartan
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	PG		
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	FE	PA; ST	olmesartan-hydrochlorothiazide
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	FE	PA; ST	olmesartan medoxomil
betaxolol oral tablet 10 mg, 20 mg	PG		
BIDIL ORAL TABLET 20-37.5 MG	FE	PA	isosorbide dinit-hydralazine
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	PG		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	PG		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	FE	PA	nebivolol hcl
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	PG		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG		
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	PG		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	NPB		cartia xt, diltiazem 24hr er (cd)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NPB		matzim la
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NPB		diltiazem hcl
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	NPB	QL	doxazosin mesylate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	NPB	QL	alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	FE	PA; ST	spironolactone
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	PG		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	PG		
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	PG		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	NPB	QL	clonidine hcl
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	NPB	QL	clonidine hcl
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	NPB	QL	clonidine hcl
chlorthalidone oral tablet 25 mg, 50 mg	PG		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	PG		
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	FE	PA	clonidine hcl, clonidine hcl
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	PG	QL	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	FE	PA; ST	amlodipine besylate, felodipine er, nifedipine er, nisoldipine
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	FE	PA	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	NPB		carvedilol er
CORGARD ORAL TABLET 20 MG, 40 MG	NPB		nadolol
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	FE	PA; ST	losartan potassium
DEMSER ORAL CAPSULE 250 MG	NPB		metyrosine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIBENZYLINE ORAL CAPSULE 10 MG	NPB		phenoxybenzamine hcl
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	PG		
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	PG		
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG		
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG		
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	PG		
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	FE	PA; ST	valsartan-hydrochlorothiazide
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	FE	PA; ST	valsartan
DIURIL ORAL SUSPENSION 250 MG/5 ML	NPB		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	PG	QL	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	NPB		triamterene
EDARBI ORAL TABLET 40 MG, 80 MG	FE	PA; ST	candesartan cilexetil, irbesartan, losartan potassium, olmesartan medoxomil, telmisartan, valsartan

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	FE	PA; ST	chlorthalidone, valsartan, candesartan-hydrochlorothiazid, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
EDECIN ORAL TABLET 25 MG	NPB	ST	ethacrynic acid
enalapril maleate oral solution 1 mg/ml	PG		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG		
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	PG		
EPANED ORAL SOLUTION 1 MG/ML	FE	PA	enalapril maleate
eplerenone oral tablet 25 mg, 50 mg	PG		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	PS	PA; ST; LA	
eprosartan oral tablet 600 mg	PG		
ethacrynic acid oral tablet 25 mg	PG		
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	FE	PA; ST	amlodipine-valsartan-hctz
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	FE	PA; ST	amlodipine-valsartan
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	PG		
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	PS	PA; ST; LA	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	PG		
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	PG		
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	FE	PA; ST	bumetanide, furosemide, torsemide
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
furosemide oral tablet 20 mg, 40 mg, 80 mg	PG		
guanfacine oral tablet 1 mg, 2 mg	PG		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	FE	PA; ST	propranolol hcl
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG		
hydrochlorothiazide oral capsule 12.5 mg	PG		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	PG		
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	FE	PA; ST	losartan-hydrochlorothiazide
indapamide oral tablet 1.25 mg, 2.5 mg	PG		
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	FE	PA	propranolol hcl er
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	FE	PA	propranolol hcl er
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	FE	PA	propranolol hcl er
INSPRA ORAL TABLET 25 MG, 50 MG	NPB		eplerenone
irbesartan oral tablet 150 mg, 300 mg, 75 mg	PG		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	PG		
isosorbide-hydralazine oral tablet 20- 37.5 mg	PG		
isradipine oral capsule 2.5 mg, 5 mg	PG		
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	FE	PA	metoprolol succinate
KATERZIA ORAL SUSPENSION 1 MG/ML	FE	PA; ST	amlodipine besylate
KERENDIA ORAL TABLET 10 MG, 20 MG	PB	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
labetalol oral tablet 100 mg, 200 mg, 300 mg	PG		
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	NPB	ST	furosemide
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	FE	PA; ST	amlodipine besylate, felodipine er, nifedipine er, nisoldipine
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG		
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG		
LOPRESSOR ORAL TABLET 100 MG, 50 MG	NPB		metoprolol tartrate
losartan oral tablet 100 mg, 25 mg, 50 mg	PG		
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	PG		
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		benazepril hcl-hctz
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NPB		benazepril hcl
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	FE	PA	amlodipine besylate-benazepril
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
MAXZIDE ORAL TABLET 75-50 MG	NPB		triamterene w/hctz
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	NPB		triamterene w/hctz
methyldopa oral tablet 250 mg, 500 mg	PG		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	PG		
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	PG		
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	PG		
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG		
metyrosine oral capsule 250 mg	PG		
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	FE	PA; ST	telmisartan-hydrochlorothiazid
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	FE	PA; ST	telmisartan
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	NPB		prazosin hcl
minoxidil oral tablet 10 mg, 2.5 mg	PG		
moexipril oral tablet 15 mg, 7.5 mg	PG		
nadolol oral tablet 20 mg, 40 mg, 80 mg	PG		
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG		
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	FE	PA	clonidine hcl, clonidine hcl
nicardipine oral capsule 20 mg, 30 mg	PG		
nifedipine oral capsule 10 mg, 20 mg	NPG		nicardipine hcl, isradipine
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	PG		
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	PG		
nimodipine oral capsule 30 mg	PG		
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	PG		
NORLIQVA ORAL SOLUTION 1 MG/ML	FE	PA; ST	amlodipine besylate
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	FE	PA; ST	amlodipine besylate
NYMALIZE ORAL SOLUTION 60 MG/10 ML	NPB		nimodipine
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	NPB		nimodipine
olmesartan oral tablet 20 mg, 40 mg, 5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	PG		
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	PG		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	NPS	PA; QL; LA	UPTRAVI
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	NPS	PA; QL; LA	UPTRAVI
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	NPS	PA; QL; LA	UPTRAVI
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	NPS	PA; QL; LA	UPTRAVI
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	PG		
phenoxybenzamine oral capsule 10 mg	PG		
pindolol oral tablet 10 mg, 5 mg	PG		
prazosin oral capsule 1 mg, 2 mg, 5 mg	PG		
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	NPB	ST	amlodipine besylate-benazepril
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	NPB	ST	nifedipine er
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	PG		
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	PG		
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
QBRELIS ORAL SOLUTION 1 MG/ML	FE	PA; ST	lisinopril
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG		
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG		
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG		
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	NPS	PA; ST; LA	treprostinil
SOANZ ORAL TABLET 20 MG, 40 MG, 60 MG	FE	PA; ST	bumetanide, furosemide, torsemide
spironolactone oral suspension 25 mg/5 ml	PG		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	PG		
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	PG		
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	NPB	ST	nisoldipine
taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG		
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	PB		
TEKTRNA ORAL TABLET 150 MG, 300 MG	FE	PA	aliskiren
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG		
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	PG		
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG		
TENORETIC 100 ORAL TABLET 100-25 MG	NPB		atenolol w/chlorthalidone

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TENORETIC 50 ORAL TABLET 50-25 MG	NPB		atenolol w/chlorthalidone
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		atenolol
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	QL	
THALITONE ORAL TABLET 15 MG	FE	PA	chlorthalidone
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NPB		diltiazem er, taztia xt
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	PG		
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	FE	PA	metoprolol succinate
torsemid oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG		
trandolapril oral tablet 1 mg, 2 mg, 4 mg	PG		
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	PG		
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	PS	PA; ST; LA	
triamterene oral capsule 100 mg, 50 mg	PG		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	PG		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	PG		
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	FE	PA; ST	olmesartan-amlodipine-hctz
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	NPS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PS	PA; QL; LA	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	PS	PA; QL; LA	
VALSARTAN ORAL SOLUTION 4 MG/ML	FE	PA; ST	valsartan
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG		
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG		
VASERETIC ORAL TABLET 10-25 MG	NPB		enalapril maleate/hctz
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NPB		enalapril maleate
veletri intravenous recon soln 0.5 mg, 1.5 mg	PS	PA; ST; LA	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	PG		
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	PG		
verapamil oral tablet 120 mg, 40 mg, 80 mg	PG		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	PG		
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	NPB	ST	verapamil er pm
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		lisinopril-hctz
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	NPB		lisinopril
CARDIAC GLYCOSIDES			
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	PG		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	PG		
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	NPB		digoxin
COAGULATION THERAPY			
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; ST; LA	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	PS	PA; ST; LA	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PS	PA; ST; LA	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	PS	PA; ST; LA	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	PS	PA; LA	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	NPB		aminocaproic acid
AMICAR ORAL TABLET 1,000 MG, 500 MG	NPB		aminocaproic acid
aminocaproic acid oral solution 250 mg/ml (25 %)	PG		
aminocaproic acid oral tablet 1,000 mg, 500 mg	PG		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	NPS		fondaparinux sodium
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	PG		
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	FE	PA; ST	aspirin, omeprazole, dexlansoprazole dr, esomeprazole magnesium, lansoprazole, pantoprazole sodium, rabeprazole sodium
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	PS	PA; LA	
BRILINTA ORAL TABLET 60 MG, 90 MG	PB		
CABLIVI INJECTION KIT 11 MG	PS	PA	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	PS	PA; LA	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	PS	PA; LA	
cilostazol oral tablet 100 mg, 50 mg	PG		
clopidogrel oral tablet 300 mg, 75 mg	PG		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PS	LA	
dabigatran etexilate oral capsule 150 mg, 75 mg	PG	PA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	PS	PA; QL; LA	
EFFIENT ORAL TABLET 10 MG, 5 MG	NPB		prasugrel hcl
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	PB		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	PB		
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	PS	PA; ST; LA	
enoxaparin subcutaneous solution 300 mg/3 ml	PS		
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	PS		
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	FE	PA	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; ST; LA	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	PS	PA; LA	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	NPS	PA	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	PS		
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	NPS		
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	PS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	PS		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	PS	PA; LA	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	PS	PA; ST; LA	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	PS	PA; ST; LA	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	PS	PA; ST; LA	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	PS	PA; ST; LA	
hep flush-10 (pf) intravenous solution 10 unit/ml	PG		
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	NPB		
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	PG		
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	PG		
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	PG		
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
heparin (porcine) injection syringe 5,000 unit/ml	PG		
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	PG		
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	PG		
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	NPB		
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	PG		
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	PG		
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	PG		
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	NPB		
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	PG		
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	PG		
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	NPB		
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	PS	PA; ST; LA	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA; LA	ALPROLIX
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	FE	PA; LA	BENEFIX
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; ST; LA	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA; ST; LA	ALPHANATE, HEMOFIL- M, HUMATE-P, WILATE
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; ST	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; ST; LA	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	FE	PA	enoxaparin sodium
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	FE	PA	enoxaparin sodium
MUPLETA ORAL TABLET 3 MG	FE	PA; QL; LA	DOPTELET
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; ST; LA	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	FE	PA; LA	SEVENFACT
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	PS	PA; LA	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	FE	PA; ST; LA	ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	PS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pentoxifylline oral tablet extended release 400 mg	PG		
PLAVIX ORAL TABLET 75 MG	FE	PA	clopidogrel
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	FE	PA	dabigatran etexilate, ELIQUIS, XARELTO
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	FE	PA	dabigatran etexilate, XARELTO
prasugrel oral tablet 10 mg, 5 mg	PG		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	PS	PA; LA	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	PS	PA; LA	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	FE	PA; LA	ALPROLIX, IDELVION
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	FE	PA; ST; LA	ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	PS	PA; LA	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	FE	PA; LA	BENEFIX
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	FE	PA	dabigatran etexilate, ELIQUIS, XARELTO
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	PS	PA; LA	
TAVALISSE ORAL TABLET 100 MG, 150 MG	PS	PA; QL	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	PS	PA; ST; LA	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	PB	PA	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	PB	PA	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	PB	PA	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA; ST; LA	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA; LA	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	FE	PA; ST	aspirin, omeprazole, dexlansoprazole dr, esomeprazole magnesium, lansoprazole, pantoprazole sodium, rabeprazole sodium
ZONTIVITY ORAL TABLET 2.08 MG	NPB	PA	clopidogrel, aspirin
LIPID/CHOLESTEROL LOWERING AGENTS			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	FE	PA; ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5- 10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	PG	QL	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	FE	PA; ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
atorvastatin oral tablet 10 mg, 20 mg	PG	QL; ACA	
atorvastatin oral tablet 40 mg, 80 mg	PG	QL	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NPB	ST; QL	amlodipine-atorvastatin
cholestyramine (with sugar) oral powder 4 gram	PG		
cholestyramine (with sugar) oral powder in packet 4 gram	PG		
cholestyramine light oral powder 4 gram	PG		
cholestyramine light oral powder in packet 4 gram	PG		
colesevelam oral powder in packet 3.75 gram	PG	ST	
colesevelam oral tablet 625 mg	PG	ST	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	NPB		colestipol hcl
COLESTID ORAL GRANULES 5 GRAM	NPB		colestipol hcl
COLESTID ORAL PACKET 5 GRAM	NPB		colestipol hcl
COLESTID ORAL TABLET 1 GRAM	NPB		colestipol hcl
colestipol oral granules 5 gram	PG		
colestipol oral packet 5 gram	PG		
colestipol oral tablet 1 gram	PG		
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	FE	PA; ST; QL	rosuvastatin calcium
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	NPS		
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	FE	PA; ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO
ezetimibe oral tablet 10 mg	PG		
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	FE	PA; ST; QL	ezetimibe, atorvastatin calcium, rosuvastatin calcium

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	PG	QL	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	PG		
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	FE	PA; ST	fenofibrate, fenofibric acid
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	PG		
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	FE	PA; ST	fenofibrate, fenofibric acid
fenofibrate oral tablet 120 mg	FE	PA; ST	fenofibrate alternatives: fenofibrate (Tricor, Lofibra, generics), fenofibric acid (Trilipix, Fibricor, generics)
fenofibrate oral tablet 160 mg, 54 mg	PG		
fenofibrate oral tablet 40 mg	PG	ST	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	PG		
fenofibric acid oral tablet 105 mg, 35 mg	PG		
FENOGLIDE ORAL TABLET 120 MG, 40 MG	NPB	ST	fenofibrate
FIBRICOR ORAL TABLET 105 MG, 35 MG	NPB	ST	fenofibric acid
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	NPB	ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO
fluvastatin oral capsule 20 mg, 40 mg	PG	QL; ACA	
fluvastatin oral tablet extended release 24 hr 80 mg	PG	QL; ACA	
gemfibrozil oral tablet 600 mg	PG		
icosapent ethyl oral capsule 0.5 gram, 1 gram	PG	PA	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	NPS	PA; LA	
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	FE	PA	REPATHA SURECLICK

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	NPB	ST; QL	fluvastatin er
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	FE	PA; ST; QL	atorvastatin calcium
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	FE	PA; ST	fenofibrate, fenofibric acid
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	PB	ST; QL	
LOPID ORAL TABLET 600 MG	NPB		gemfibrozil
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PG	QL; ACA	
LOVAZA ORAL CAPSULE 1 GRAM	FE	PA	omega-3 acid ethyl esters
NEXLETOL ORAL TABLET 180 MG	PB	PA	
NEXLIZET ORAL TABLET 180-10 MG	PB	PA	
niacin oral tablet 500 mg	FE	PA	OTC niacin-containing products
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	PG		
NIACOR ORAL TABLET 500 MG	FE	PA	OTC niacin-containing products
omega-3 acid ethyl esters oral capsule 1 gram	PG	PA	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	PG	QL; ACA	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	FE	PA; QL	REPATHA SURECLICK
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	QL; ACA	
prevalite oral powder 4 gram	PG		
prevalite oral powder in packet 4 gram	PG		
QUESTRAN LIGHT ORAL POWDER 4 GRAM	NPB		cholestyramine light
QUESTRAN ORAL POWDER 4 GRAM	NPB		cholestyramine
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	NPB		cholestyramine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PB	PA; QL	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PB	PA; QL	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PB	PA; QL	
rosuvastatin oral tablet 10 mg, 5 mg	PG	QL; ACA	
rosuvastatin oral tablet 20 mg, 40 mg	PG	QL	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	NPB	ST; QL	ezetimibe, atorvastatin calcium, rosuvastatin calcium
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	QL; ACA	
simvastatin oral tablet 80 mg	PG	QL	
TRICOR ORAL TABLET 145 MG, 48 MG	FE	PA; ST	fenofibrate
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	NPB	ST	fenofibric acid
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	PB	PA	
VYTORIN 10-10 ORAL TABLET 10- 10 MG	FE	PA; ST; QL	ezetimibe-simvastatin
VYTORIN 10-20 ORAL TABLET 10- 20 MG	FE	PA; ST; QL	ezetimibe-simvastatin
VYTORIN 10-40 ORAL TABLET 10- 40 MG	FE	PA; ST; QL	ezetimibe-simvastatin
VYTORIN 10-80 ORAL TABLET 10- 80 MG	FE	PA; ST; QL	ezetimibe-simvastatin
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	FE	PA	colesevelam hcl
WELCHOL ORAL TABLET 625 MG	FE	PA	colesevelam hcl
ZETIA ORAL TABLET 10 MG	FE	PA	ezetimibe
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	FE	PA; ST; QL	simvastatin

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NPB	ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin, LIVALO
MISCELLANEOUS CARDIOVASCULAR AGENTS			
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	FE	PA; ST	ranolazine er
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	PS	PA; QL; LA	
CORLANOR ORAL SOLUTION 5 MG/5 ML	FE	PA	atenolol, bisoprolol fumarate, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol hcl
CORLANOR ORAL TABLET 5 MG, 7.5 MG	FE	PA	atenolol, bisoprolol fumarate, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol hcl
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PB	QL	
FILSPARI ORAL TABLET 200 MG, 400 MG	FE	PA; QL; LA	benazepril hcl, candesartan cilexetil, irbesartan, lisinopril, losartan potassium, ramipril, valsartan
LODOCO ORAL TABLET 0.5 MG	FE	PA	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	PG		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PB	QL	
VYNDAMAX ORAL CAPSULE 61 MG	PS	PA; LA	
VYNDAQEL ORAL CAPSULE 20 MG	PS	PA; LA	
NITRATES			
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	NPB		nitroglycerin, nitroglycerin
ISORDIL ORAL TABLET 40 MG	NPB		isosorbide dinitrate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ISORDIL TITRADOSE ORAL TABLET 5 MG	NPB		isosorbide dinitrate
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG		
isosorbide mononitrate oral tablet 10 mg, 20 mg	PG		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	PG		
nitro-bid transdermal ointment 2 %	PG		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	NPB		nitroglycerin
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	PG		
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	PG		
nitroglycerin translingual spray,non- aerosol 400 mcg/spray	PG		
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	NPB		nitroglycerin
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	NPB		nitroglycerin
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	NPB		nitroglycerin
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	PG		
DERMATOLOGICALS/TOPI CAL THERAPY			
ANTIPSORIATIC / ANTISEBORRHEIC			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	PG		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	FE	PA; LA	
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	FE	PA; LA	
calcipotriene scalp solution 0.005 %	PG	QL	
calcipotriene topical cream 0.005 %	PG	QL	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	FE	PA; QL	calcipotriene, calcitriol
calcipotriene topical ointment 0.005 %	PG	QL	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	PG	QL	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	PG	ST; QL	
calcitriol topical ointment 3 mcg/gram	PG		
CALSODORE KIT TOPICAL KIT 0.005-5 %	FE	PA	
calsodore topical kit 0.005 %	FE	PA	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	FE	PA; ST; QL; LA	TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	FE	PA; LA	
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE	PA; ST; QL; LA	TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE	PA; ST; QL; LA	TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	FE	PA; ST; QL; LA	TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	FE	PA; LA	TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	FE	PA	
DIOOXIA TOPICAL CREAM 0.005-4 %	FE	PA	
drithocrema hp topical cream 1 %	FE	PA	
ENSTILAR TOPICAL FOAM 0.005- 0.064 %	PB	QL	
EPIFOAM TOPICAL FOAM 1-1 %	NPB	ST	hc pramoxine
HYDROCORTISONE-PRAMOXINE TOPICAL CREAM 2.35-1 %	FE	PA; ST	
hydrocortisone-pramoxine topical cream 2.5-1 %	PG	ST	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
NUDERMRXPAK TOPICAL KIT 0.005-5 %	FE	PA	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	NPB		sodium sulfacetamide
OVACE PLUS TOPICAL CLEANSER 10 %	NPB		sodium sulfacetamide
OVACE PLUS TOPICAL CREAM 10 %	NPB		sodium sulfacetamide
OVACE PLUS TOPICAL LOTION 9.8 %	NPB		sodium sulfacetamide
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	NPB		sodium sulfacetamide
OVACE TOPICAL CLEANSER 10 %	NPB		sodium sulfacetamide
PLEXION NS TOPICAL SHAMPOO 9.8 %	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	NPB	ST	hc pramoxine
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	NPB	ST	hc pramoxine
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	NPB	ST	hc pramoxine
selenium sulfide topical lotion 2.5 %	PG		
selenium sulfide topical shampoo 2.25 %, 2.3 %	PG		
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PS	PA; ST; QL; LA	
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; ST; QL; LA	
SORILUX TOPICAL FOAM 0.005 %	FE	PA; QL	calcipotriene, calcitriol
SOTYKTU ORAL TABLET 6 MG	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	PS	PA; LA	
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	NPS	PA; ST; LA	ENTYVIO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PS	PA; ST; QL; LA	
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; ST; QL; LA	
sulfacetamide sodium topical cleanser 10 %	PG		
sulfacetamide sodium topical cleanser, gel 10 %	PG		
sulfacetamide sodium topical shampoo 10 %, 9.8 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	NPB	QL	calcipotriene-betamethasone
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	NPB	QL	calcipotriene-betamethasone
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; ST; QL; LA	
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; ST; QL; LA	
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; ST; QL; LA	
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	PS	PA; ST; QL; LA	
TERSI FOAM TOPICAL FOAM 2.25 %	NPB		selenium sulfide
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	PS	PA; ST; QL; LA	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; ST; QL; LA	
TRIONEX TOPICAL KIT 0.005 %	FE	PA	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	NPB		calcitriol
VTAMA TOPICAL CREAM 1 %	NPB	ST; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR
WYNZORA TOPICAL CREAM 0.005- 0.064 %	NPB	QL	betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, calcipotriene, calcipotriene- betamethasone, ENSTILAR
ZITHRANOL TOPICAL SHAMPOO 1 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZORYVE TOPICAL CREAM 0.3 %	NPB	ST; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR
BURN THERAPY			
SILVADENE TOPICAL CREAM 1 %	NPB		silver sulfadiazine
silver sulfadiazine topical cream 1 %	PG		
ssd topical cream 1 %	PG		
KERATOLYTICS			
KERALYT RX TOPICAL GEL 6 %	FE	PA	salicylic acid
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	FE	PA	salicylic acid
KERALYT SCALP TOPICAL GEL 6 %	FE	PA	salicylic acid
keralyt topical shampoo 6 %	FE	PA	
NENDRUX TOPICAL GEL 40-5 %	FE	PA	
PODOCON TOPICAL LIQUID 25 %	FE	PA	podofilox
RAYASAL TOPICAL CREAM 5.9 %	FE	PA	
SALICATE TOPICAL LIQUID 10 %	FE	PA	
salicylic acid topical cream 6 %	FE	PA	
salicylic acid topical cream,extended release 6 %	FE	PA	
salicylic acid topical film forming liquid w/appl 27.5 %	FE	PA	
salicylic acid topical film-forming solution w/ appl 28.5 %	FE	PA	
salicylic acid topical foam 6 %	FE	PA	
salicylic acid topical gel 6 %	FE	PA	
salicylic acid topical liquid 26 %	FE	PA	
salicylic acid topical lotion 6 %	FE	PA	
salicylic acid topical lotion,extended release 6 %	FE	PA	
salicylic acid topical ointment 3 %	FE	PA	
salicylic acid topical shampoo 6 %	FE	PA	
salicylic acid-ceramides no.1 topical kit,cleanser and cream 6 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SALIMEZ FORTE TOPICAL CREAM 10 %	FE	PA	
salimez topical cream 6 %	FE	PA	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	FE	PA	salicylic acid
salvax topical foam 6 %	FE	PA	
ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL 28.5 %	FE	PA	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	FE	PA	salicylic acid
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	FE	PA	
MISCELLANEOUS DERMATOLOGICALS			
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; QL; LA	
AMELUZ TOPICAL GEL 10 %	NPB		
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	FE	PA	avo, prumyx, sonafine
ATRAPRO HYDROGEL TOPICAL GEL	FE	PA	
avo cream topical emulsion	FE	PA	
BIAFINE EMULSION TOPICAL EMULSION	FE	PA	avo, prumyx, sonafine
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	NPB		
CARAC TOPICAL CREAM 0.5 %	FE	PA	diclofenac sodium, fluorouracil, fluorouracil, imiquimod
celacyn topical gel with pump	FE	PA	
cem-urea topical gel 45 %	FE	PA	
CERACADE TOPICAL EMULSION	FE	PA	
CERAMAX TOPICAL CREAM	FE	PA	
CERAMAX TOPICAL LOTION	FE	PA	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	PS	PA; QL; LA	
CONDYLOX TOPICAL GEL 0.5 %	FE	PA; QL	podofilox, imiquimod

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CORTANE-B TOPICAL LOTION 1-1-0.1 %	NPB		hc pramoxine
DEXERYL TOPICAL CREAM	FE	PA	
diclofenac sodium topical gel 3 %	PG	PA; QL	
doxepin topical cream 5 %	PG	ST; QL	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	FE	PA	BROMI-LOTION
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PS	PA; QL; LA	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	PS	PA; QL; LA	
EFUDEX TOPICAL CREAM 5 %	NPB		fluorouracil
ELIDEL TOPICAL CREAM 1 %	FE	PA; ST; QL	pimecrolimus
emulsion sb topical emulsion	FE	PA	
ENTTY TOPICAL SPRAY, NON-AEROSOL	FE	PA	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	FE	PA	emulsion sb
EUCRISA TOPICAL OINTMENT 2 %	NPB	ST; QL	pimecrolimus, tacrolimus
FLUOROPLEX TOPICAL CREAM 1 %	NPB		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
FLUOROURACIL TOPICAL CREAM 0.5 %	FE	PA	diclofenac sodium, fluorouracil, fluorouracil, imiquimod
fluorouracil topical cream 5 %	PG		
fluorouracil topical solution 2 %, 5 %	PG		
HALUCORT TOPICAL GEL	FE	PA	
HAPRODERM TOPICAL GEL	FE	PA	
hpr plus hydrogel topical kit, cream and gel	FE	PA	
hpr plus topical cream	FE	PA	
hpr plus topical foam	FE	PA	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53-3-0.4 -0.066 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hpr topical foam	FE	PA	
HYDRO 35 TOPICAL FOAM 35 %	FE	PA	urea
HYDRO 40 TOPICAL FOAM 40 %	FE	PA	urea
HYFTOR TOPICAL GEL 0.2 %	NPS	PA	
HYLAGUARD TOPICAL CREAM	FE	PA	
HYLATOPICPLUS TOPICAL CREAM	FE	PA	hpr plus
iodine-sodium iodide topical tincture 2 %	PG		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	NPB		
IODOSORB TOPICAL GEL 0.9 %	NPB		
KERASTAT TOPICAL CREAM	FE	PA	
KERASTAT TOPICAL GEL 5 %	FE	PA	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	FE	PA	
LEVICYN ANTIPRURITIC TOPICAL GEL	FE	PA	
LEVULAN TOPICAL SOLUTION 20 %	NPB		
LOUTREX TOPICAL CREAM	FE	PA	ciclopirox, ketoconazole
LOYON TOPICAL SPRAY, NON- AEROSOL	FE	PA	
LUXAMEND TOPICAL CREAM	FE	PA	
mb hydrogel (cyclomethicone) topical kit, cream and gel	FE	PA	
mb hydrogel topical kit, cream and gel 96.53-3-0.4 -0.066 %	FE	PA	
METDRAY TOPICAL GEL 17-2 %	FE	PA	
methoxsalen oral capsule, liqd- filled, rapid rel 10 mg	PG		
methyl salicylate oil	PG		
methyl salicylate topical liquid	PG		
MIMYX TOPICAL CREAM	FE	PA	
NEOSALUS TOPICAL CREAM	FE	PA	prumyx
NEOSALUS TOPICAL FOAM	FE	PA	prumyx
NEOSALUS TOPICAL LOTION	FE	PA	prumyx

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NUJU TOPICAL SOLUTION 0.1 %	FE	PA; ST	
NUJU TOPICAL CREAM 0.1 %	FE	PA	
NUTRASEB TOPICAL CREAM	FE	PA	
OPZELURA TOPICAL CREAM 1.5 %	NPB	PA; QL	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, halcinonide, triamcinolone acetonide
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	FE	PA	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	FE	PA	
PANRETIN TOPICAL GEL 0.1 %	NPB		
PHEODOYO TOPICAL CREAM 2-1-2.5 %	FE	PA	
pimecrolimus topical cream 1 %	PG	ST; QL	
podofilox topical solution 0.5 %	PG		
PRESERA TOPICAL FOAM	FE	PA	hpr
PROMISEB TOPICAL CREAM	FE	PA	selenium sulfide, sodium sulfacetamide
PRONAL TOPICAL GEL 10-40 %	FE	PA	
pruclair topical cream	FE	PA	
prudoxin topical cream 5 %	PG	ST; QL	
prumyx topical cream	FE	PA	
QBREXZA TOPICAL TOWELETTE 2.4 %	FE	PA	BROMI-LOTION
QUTENZA TOPICAL KIT 8 %	FE	PA	lidocaine
REGRANEX TOPICAL GEL 0.01 %	PB	QL	
RYNODERM TOPICAL CREAM 37.5 %	FE	PA	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	NPS	PA	
SEBUDERM TOPICAL GEL	FE	PA	
silver nitrate applicators topical stick 75-25 %	FE	PA	
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	FE	PA	
SOLOX GEL TOPICAL GEL 55 PPM	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sonafine topical emulsion	FE	PA	
tacrolimus topical ointment 0.03 %, 0.1 %	PG	ST; QL	
TOLAK TOPICAL CREAM 4 %	NPB		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
URAMAXIN TOPICAL FOAM 20 %	FE	PA	urea
URAMAXIN TOPICAL GEL 45 %	FE	PA	urea
urea nail stick topical solution 50 %	FE	PA	
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	FE	PA	
UREA TOPICAL CREAM 39.5 %	FE	PA	
urea topical foam 35 %	FE	PA	
urea topical gel 45 %	FE	PA	
ure-k topical cream 50 %	FE	PA	
UVADEX INJECTION SOLUTION 20 MCG/ML	PB		
VALCHLOR TOPICAL GEL 0.016 %	NPS	PA; LA	
VEREGEN TOPICAL OINTMENT 15 %	FE	PA; QL	imiquimod, podofilox
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	NPS	PA	
wintergreen oil oil	PG		
XCLAIR TOPICAL CREAM	FE	PA	emulsion sb
XUREA TOPICAL CREAM 39 %	FE	PA	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	FE	PA	
ZONALON TOPICAL CREAM 5 %	NPB	ST; QL	prudoxin
THERAPY FOR ACNE			
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	FE	PA	acutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	NPB		acutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	FE	PA; ST	clindamycin-benzoyl peroxide

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
ACIOXIAY TOPICAL CREAM 15-4 %	FE	PA; ST	
ACZONE TOPICAL GEL 5 %	NPB	ST	dapsone
ACZONE TOPICAL GEL WITH PUMP 7.5 %	NPB	ST	dapsone
ADAINZDE TOPICAL GEL 0.3-2.5-1 %	FE	PA; ST	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	FE	PA; ST	
adapalene topical cream 0.1 %	PG		
adapalene topical gel 0.3 %	PG		
adapalene topical gel with pump 0.3 %	PG		
ADAPALENE TOPICAL LOTION 0.1 %	NPB	ST	adapalene, adapalene
adapalene topical solution 0.1 %	PG		
adapalene topical swab 0.1 %	PG	ST	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	PG		
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	PG	ST	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	FE	PA; ST	
AKLIEF TOPICAL CREAM 0.005 %	NPB	ST	adapalene, tazarotene, tretinoin, tretinoin microsphere
ALTRENO TOPICAL LOTION 0.05 %	NPB		tretinoin
amnesteem oral capsule 10 mg, 20 mg, 40 mg	PG		
AMZEEQ TOPICAL FOAM 4 %	NPB	ST	clindacin etz, clindamycin phosphate, ery, erythromycin, clindamycin phos-tretinoin, clindamycin-benzoyl peroxide, erythromycin-benzoyl peroxide
ARAZLO TOPICAL LOTION 0.045 %	NPB	PA	adapalene, tazarotene, tretinoin, tretinoin microsphere

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ATRALIN TOPICAL GEL 0.05 %	FE	PA	tretinoin
AVAR LS TOPICAL CLEANSER 10-2 %	NPB	ST	sulfacetamide sodium-sulfur
avar topical cleanser 10-5 % (w/w)	PG		
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	NPB	ST	sulfacetamide sodium-sulfur
AVAR-E LS TOPICAL CREAM 10-2 %	NPB	ST	sulfacetamide sodium-sulfur
AVEIDA TOPICAL GEL 1-1 %	FE	PA	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	FE	PA	
avita topical cream 0.025 %	PG		
azelaic acid topical gel 15 %	PG		
AZELEX TOPICAL CREAM 20 %	NPB	ST	adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA
BENZAMYCIN TOPICAL GEL 3-5 %	NPB	ST	erythromycin-benzoyl peroxide
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	NPB	ST	
benzepro topical towelette 6 %	PG		
benzoyl peroxide topical cleanser 7 %	PG		
benzoyl peroxide topical foam 9.8 %	PG		
bp 10-1 topical cleanser 10-1 %	PG	ST	
brimonidine topical gel with pump 0.33 %	PG	PA	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
cleansing wash topical cleanser 10-4-10 %	FE	PA; ST	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	FE	PA; ST	sulfacetamide sodium-sulfur
CLEOCIN T TOPICAL LOTION 1 %	NPB	ST; QL	clindamycin phosphate
CLINDACIN ETZ TOPICAL KIT 1 %	NPB	ST	clindamycin phosphate, clindacin etz
clindacin etz topical swab 1 %	PG		
clindacin p topical swab 1 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLINDACIN PAC TOPICAL KIT 1 %	NPB	ST	clindamycin phosphate, clindacin etz
clindacin topical foam 1 %	PG	QL	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	FE	PA; ST; QL	clindamycin phosphate
clindamycin phosphate topical foam 1 %	PG	QL	
clindamycin phosphate topical gel 1 %	PG	QL	
clindamycin phosphate topical gel, once daily 1 %	PG	ST; QL	
clindamycin phosphate topical lotion 1 %	PG	QL	
clindamycin phosphate topical solution 1 %	PG	QL	
clindamycin phosphate topical swab 1 %	PG		
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	PG		
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	PG	ST	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	PG		
clindamycin-tretinoin topical gel 1.2- 0.025 %	PG		
dapsone topical gel 5 %	PG		
dapsone topical gel with pump 7.5 %	PG	ST	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	FE	PA	
DAZOMON TOPICAL GEL 0.25 %	FE	PA	
DEOXIA TOPICAL GEL 1-4 %	FE	PA; ST	
DEOXIA TOPICAL LOTION 1-4 %	FE	PA; ST	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	FE	PA; ST	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	FE	PA; ST	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	FE	PA; ST	
DIADIMAXIA TOPICAL GEL 6-5-2 %	FE	PA; ST	
DIAOXIA TOPICAL GEL 6-4 %	FE	PA; ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	FE	PA; ST	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	FE	PA; ST	
DIASOXIA TOPICAL GEL 8.5-4 %	FE	PA; ST	
DIFFERIN TOPICAL CREAM 0.1 %	NPB	ST	adapalene
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	NPB	ST	adapalene
DIFFERIN TOPICAL LOTION 0.1 %	NPB	ST	adapalene, adapalene
DIMOXIA TOPICAL GEL 5-4 %	FE	PA; ST	
DRAXACE TOPICAL SUSPENSION 2-8 %	FE	PA; ST	
DRAXACEY TOPICAL SUSPENSION 2-8 %	FE	PA; ST	
DRIXECE TOPICAL SUSPENSION 5-10 %	FE	PA; ST	
ECEOXIA TOPICAL CREAM 10-4 %	FE	PA	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	NPB	ST	adapalene-benzoyl peroxide
EPSOLAY TOPICAL CREAM 5 %	NPB	ST	azelaic acid, ivermectin, metronidazole, rosula, FINACEA
ery pads topical swab 2 %	PG		
erygel topical gel 2 %	PG		
erythromycin with ethanol topical gel 2 %	PG		
erythromycin with ethanol topical solution 2 %	PG		
erythromycin-benzoyl peroxide topical gel 3-5 %	PG		
ETHOXIA TOPICAL CREAM 0.05-4 %	FE	PA	
EVOCLIN TOPICAL FOAM 1 %	NPB	ST; QL	clindamycin phosphate
FABIOR TOPICAL FOAM 0.1 %	FE	PA	tazarotene, tretinoin
FINACEA TOPICAL FOAM 15 %	PB	ST	
FINACEA TOPICAL GEL 15 %	NPB	ST	azelaic acid
IDARAN TOPICAL OINTMENT 1-2 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IDYYXIATAR TOPICAL GEL 0.025-5 %	FE	PA; ST	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	FE	PA; ST	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %	FE	PA; ST	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	FE	PA; ST	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
isotretinoin oral capsule 25 mg, 35 mg	PG	ST	
ITHOXIA TOPICAL CREAM 0.1-4 %	FE	PA	
ivermectin topical cream 1 %	PG	ST; QL	
METROCREAM TOPICAL CREAM 0.75 %	NPB	ST	metronidazole
METROGEL TOPICAL GEL 1 %	NPB	ST	metronidazole
metronidazole topical cream 0.75 %	PG		
metronidazole topical gel 0.75 %, 1 %	PG		
metronidazole topical gel with pump 1 %	PG		
metronidazole topical lotion 0.75 %	PG		
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	PB	PA	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	NPB	ST	
neuac topical gel 1.2 %(1 % base) -5 %	PG		
NORITATE TOPICAL CREAM 1 %	FE	PA; ST	metronidazole
NUCARACLINPAK TOPICAL KIT, GEL AND LOTION 1 %- SPF 50	FE	PA; ST	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50	FE	PA; ST	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	PB	ST	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	FE	PA; ST	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	FE	PA; ST	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	FE	PA; ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ONZDEAXIAR TOPICAL GEL 0.05-5-1-2 %	FE	PA; ST	
ONZDEAXIAZAR TOPICAL GEL 0.1- 5-1-2 %	FE	PA; ST	
ONZDEOXIA TOPICAL GEL 5-1-4 %	FE	PA; ST	
OXIAICE TOPICAL LOTION 15-4 %	FE	PA	
OXIATAR TOPICAL CREAM 0.025- 0.5-4 %	FE	PA; ST	
OXIAVAR TOPICAL CREAM 0.05-4 %	FE	PA; ST	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	FE	PA; ST	
OXIAVARY TOPICAL CREAM 0.1-4 %	FE	PA; ST	
OXIAZAR TOPICAL CREAM 0.1-0.5- 4 %	FE	PA; ST	
PACNEX TOPICAL CLEANSER 7 %	NPB	ST	benzoyl peroxide
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	NPB	ST	sulfacetamide sodium-sulfur
PLEXION TOPICAL CLEANSER 9.8- 4.8 %	NPB	ST	sulfacetamide sodium-sulfur
PLEXION TOPICAL CREAM 9.8-4.8 %	NPB	ST	sulfacetamide sodium-sulfur
PLEXION TOPICAL LOTION 9.8-4.8 %	NPB	ST	sulfacetamide sodium-sulfur
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	NPB	ST	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	FE	PA	tretinoin microsphere
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	NPB		tretinoin microsphere
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	FE	PA	tretinoin microsphere
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	NPB		tretinoin
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	NPB		tretinoin

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RHOFADE TOPICAL CREAM 1 %	NPB	PA	brimonidine tartrate
rosadan topical cream 0.75 %	PG		
rosadan topical gel 0.75 %	PG		
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	NPB	ST	metronidazole
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	NPB	ST	metronidazole
rosula cleansing cloths topical pads, medicated 10-5 %	PG		
ROSULA TOPICAL CLEANSER 10- 4.5 %	NPB	ST	
SAROXIA TOPICAL CREAM 0.05-4 %	FE	PA; ST	
SOOLANTRA TOPICAL CREAM 1 %	NPB	ST; QL	ivermectin
sss 10-5 topical cream 10-5 % (w/w)	PG		
sss 10-5 topical foam 10-5 %	PG		
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	PG		
SULFACETAMIDE SODIUM- SULFUR TOPICAL CLEANSER 8-4 %	FE	PA; ST	sulfacetamide sodium-sulfur
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	PG		
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	PG		
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %	PG		
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	PG		
SULFACETAMIDE SODIUM- SULFUR TOPICAL SUSPENSION 9-4.25 %	FE	PA; ST	sulfacetamide sodium-sulfur
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	FE	PA	
sulfacleanse 8-4 topical suspension 8-4 %	PG	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SUMADAN TOPICAL CLEANSER 9-4.5 %	NPB	ST	sulfacetamide sodium-sulfur
SUMADAN TOPICAL KIT 9-4.5 %	NPB	ST	sodium sulfacetamide/sulfur
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	NPB	ST	
SUMAXIN CP TOPICAL KIT 10-4 %	NPB	ST	sodium sulfacetamide/sulfur
SUMAXIN TOPICAL CLEANSER 9-4 %	NPB	ST	sulfacetamide sodium-sulfur
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	NPB	ST	sulfacetamide sodium-sulfur
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	NPB	ST	sulfacetamide sodium-sulfur
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	FE	PA; ST	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	FE	PA; ST	
TAROXIA TOPICAL CREAM 0.025-4 %	FE	PA; ST	
TAROXIA TOPICAL GEL 0.025-4 %	FE	PA; ST	
tazarotene topical cream 0.1 %	PG	PA	
TAZAROTENE TOPICAL FOAM 0.1 %	FE	PA	tazarotene, tretinoin
tazarotene topical gel 0.05 %, 0.1 %	PG	PA	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	FE	PA	tazarotene
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	FE	PA	tazarotene
tretinoin microspheres topical gel 0.04 %, 0.1 %	PG		
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	PG		
tretinoin microspheres topical gel with pump 0.08 %	PG	ST	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	PG		
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TWYNEO TOPICAL CREAM 0.1-3 %	NPB	ST	adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	NPB	ST	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	FE	PA; ST	
VAROXIA TOPICAL CREAM 0.05-4 %	FE	PA; ST	
VAROXIA TOPICAL GEL 0.05-4 %	FE	PA; ST	
VELTIN TOPICAL GEL 1.2-0.025 %	FE	PA; ST	clindamycin-benzoyl peroxide, clindamycin phos-tretinoin, clindamycin phosphate, tretinoin, ONEXTON
WINLEVI TOPICAL CREAM 1 %	FE	PA	azelaic acid, clindamycin phosphate, clindamycin phos-tretinoin, dapsone, erythromycin, tretinoin, ONEXTON
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
ZIANA TOPICAL GEL 1.2-0.025 %	NPB	ST	clindamycin phos-tretinoin
ZILXI TOPICAL FOAM 1.5 %	FE	PA; ST	azelaic acid, ivermectin, metronidazole, rosula, FINACEA
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	FE	PA; ST	sulfacetamide sodium-sulfur
TOPICAL ANESTHETICS			
AGONEAZE TOPICAL KIT 2.5-2.5 %	FE	PA	
ANASTIA TOPICAL LOTION 2.75 %	FE	PA	
ANODYNE LPT TOPICAL KIT 2.5-2.5 %	FE	PA	
APRIZIO PAK TOPICAL KIT 2.5-2.5 %	FE	PA	
ASTERO TOPICAL GEL WITH PUMP 4 %	FE	PA	
COCAINE NASAL SOLUTION 4 %	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dermacinrx lidocan topical adhesive patch,medicated 5 %	PG	PA	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	FE	PA	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	FE	PA	
dermacinrx prizopak topical kit 2.5-2.5 %	FE	PA	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	FE	PA	
ethyl chloride topical aerosol,spray 100 %	FE	PA	
GOPRELTO NASAL SOLUTION 4 %	NPB		
LDO PLUS TOPICAL GEL WITH PUMP 4 %	FE	PA	
lidocaine hcl laryngotracheal solution 4 %	PG		
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	PG		
lidocaine hcl topical cream 3 %	FE	PA	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	PG		
lidocaine topical adhesive patch,medicated 5 %	PG	PA	
lidocaine topical ointment 5 %	PG	QL	
lidocaine viscous mucous membrane solution 2 %	PG		
lidocaine-prilocaine topical cream 2.5-2.5 %	PG	QL	
lidocaine-prilocaine topical kit 2.5-2.5 %	PG		
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	FE	PA; QL	
lidocort topical cream 3-0.5 %	PG		
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	FE	PA	lidocaine
lido-k topical lotion 3 %	FE	PA	
lidopin topical cream 3 %	FE	PA	
LIDOPIN TOPICAL CREAM 3.25 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	FE	PA	lidocaine-prilocaine
LIDORX TOPICAL GEL WITH PUMP 3 %	FE	PA	lidocaine hcl
LIDOSOL TOPICAL KIT 5 %	FE	PA	
lido-sorb topical lotion 3 %	FE	PA	
lidotor topical kit 2.5-2.5 %	FE	PA	
LIDOTRAL TOPICAL CREAM 3.88 %	FE	PA	
lidozion topical lotion 3 %	FE	PA	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	FE	PA	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	FE	PA	lidocaine-prilocaine, lidocaine hcl
MOXICAINE TOPICAL KIT 5 %	FE	PA	
NUMBONEX TOPICAL LOTION 2.75 %	FE	PA	
NUMBRINO NASAL SOLUTION 4 %	NPB		
NYNUTEY TOPICAL CREAM 23-7 %	NPB		
PLIAGLIS TOPICAL CREAM 7-7 %	FE	PA; QL	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	FE	PA	
priloheal plus 30 topical kit 2.5-2.5 %	FE	PA	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	FE	PA	
PRILOVIX TOPICAL KIT 2.5-2.5 %	FE	PA	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	FE	PA	
REALHEAL-I TOPICAL KIT 2.5-2.5 %	FE	PA	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	FE	PA	
TRANZAREL TOPICAL GEL 4 %	FE	PA	
valladerm-90 topical kit 2.5-2.5 %	FE	PA	
ZILOVAL TOPICAL KIT 5 %	FE	PA	
zionodil topical lotion 3 %	FE	PA	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	PB	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICAL ANTIBACTERIALS			
ALCORTIN A TOPICAL GEL 2-1-1 %	FE	PA; ST	Topical corticosteroids AND topical anti-infectives
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	FE	PA; ST	Topical corticosteroids AND topical anti-infectives
ALTABAX TOPICAL OINTMENT 1 %	NPB	ST; QL	mupirocin, mupirocin
BASADROX TOPICAL GEL IN PACKET	FE	PA	
CENTANY AT TOPICAL OINTMENT KIT 2 %	NPB	ST; QL	mupirocin, mupirocin
CENTANY TOPICAL OINTMENT 2 %	NPB	ST; QL	mupirocin, mupirocin
corti-sav topical cream 1-1 %	FE	PA	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	FE	PA	
gentamicin topical cream 0.1 %	PG	QL	
gentamicin topical ointment 0.1 %	PG	QL	
hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %	FE	PA	Topical corticosteroids AND topical anti-infectives
hydrocortisone-iodoquinol topical cream 1-1 %	FE	PA	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	FE	PA	
KLARON TOPICAL SUSPENSION 10 %	NPB	ST	sulfacetamide sodium
lugols topical solution 5-10 %	PG		
mafenide acetate topical packet 50 gram	PG		
mupirocin calcium topical cream 2 %	PG	ST; QL	
mupirocin topical ointment 2 %	PG	QL	
NANRAN TOPICAL OINTMENT 2-2 %	FE	PA	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	NPB		
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	NPB		
QUINJA TOPICAL GEL 1.25-1 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SILVRSTAT TOPICAL GEL 32 PPM	FE	PA	
strong iodine topical solution 5-10 %	PG		
sulfacetamide sodium (acne) topical suspension 10 %	PG		
SULFAMYLON TOPICAL CREAM 85 MG/G	PB		
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	FE	PA	hydrocortisone
XEPI TOPICAL CREAM 1 %	NPB	ST; QL	mupirocin, mupirocin
TOPICAL ANTIFUNGALS			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	NPB		
CICLODAN KIT TOPICAL SOLUTION 8 %	NPB	ST	ciclopirox
ciclodan topical cream 0.77 %	PG		
ciclodan topical solution 8 %	PG		
ciclopirox topical cream 0.77 %	PG		
ciclopirox topical gel 0.77 %	PG		
ciclopirox topical shampoo 1 %	PG		
ciclopirox topical solution 8 %	PG		
ciclopirox topical suspension 0.77 %	PG		
ciclopirox-ure-camph-menth-euc topical solution 8 %	PG		
clotrimazole-betamethasone topical cream 1-0.05 %	PG		
clotrimazole-betamethasone topical lotion 1-0.05 %	PG		
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	FE	PA	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	FE	PA	
econazole topical cream 1 %	PG		
ECOZA TOPICAL FOAM 1 %	FE	PA	econazole nitrate, ciclopirox, ketoconazole, naftifine hcl, oxiconazole nitrate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ERTACZO TOPICAL CREAM 2 %	FE	PA	ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
EXELDERM TOPICAL CREAM 1 %	NPB		ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
EXELDERM TOPICAL SOLUTION 1 %	NPB		ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
EXODERM TOPICAL LOTION 25-1 %	FE	PA	clotrimazole, ketoconazole, miconazole nitrate
EXTINA TOPICAL FOAM 2 %	NPB		ketoconazole
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	FE	PA	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	FE	PA	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	FE	PA	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	FE	PA; ST	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	FE	PA	
IMIOXIA TOPICAL CREAM 1-4 %	FE	PA	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	NPB	ST	ciclopirox, tavaborole
ketoconazole topical cream 2 %	PG		
ketoconazole topical foam 2 %	PG		
ketoconazole topical shampoo 2 %	PG		
ketodan kit topical combo pack 2 %	PG		
ketodan topical foam 2 %	PG		
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	NPB		ciclopirox
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	NPB		ciclopirox
LOPROX KIT TOPICAL COMBO PACK 0.77 %	NPB		ciclopirox

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	NPB		ciclopirox
LULICONAZOLE TOPICAL CREAM 1 %	FE	PA	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
LUZU TOPICAL CREAM 1 %	FE	PA	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
MICONAZOLE NITRATE-ZINC OX- PET TOPICAL OINTMENT 0.25-15- 81.35 %	FE	PA	miconazole nitrate, clotrimazole, ketoconazole, nystatin
naftifine topical cream 1 %, 2 %	PG		
naftifine topical gel 2 %	PG		
NAFTIN TOPICAL GEL 1 %, 2 %	NPB		naftifine hcl
nyamyc topical powder 100,000 unit/gram	PG		
nystatin topical cream 100,000 unit/gram	PG		
nystatin topical ointment 100,000 unit/gram	PG		
nystatin topical powder 100,000 unit/gram	PG		
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	PG		
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	PG		
nystop topical powder 100,000 unit/gram	PG		
oxiconazole topical cream 1 %	PG		
OXISTAT TOPICAL LOTION 1 %	FE	PA	oxiconazole nitrate, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 %	FE	PA	
PHEDRAX TOPICAL SHAMPOO 2-2 %	FE	PA	
PHEOXIA TOPICAL CREAM 2-4 %	FE	PA	
PHEYO TOPICAL CREAM 2-2.5 %	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SULCONAZOLE TOPICAL CREAM 1 %	FE	PA	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
SULCONAZOLE TOPICAL SOLUTION 1 %	FE	PA	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
tavaborole topical solution with applicator 5 %	PG	ST	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	FE	PA	miconazole nitrate, clotrimazole, ketoconazole, nystatin
XOLEGEL TOPICAL GEL 2 %	FE	PA	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
TOPICAL ANTIVIRALS			
acyclovir topical cream 5 %	PG	PA; QL	
acyclovir topical ointment 5 %	PG	PA; QL	
DENAVIR TOPICAL CREAM 1 %	NPB		penciclovir
penciclovir topical cream 1 %	PG		
XERESE TOPICAL CREAM 5-1 %	FE	PA	acyclovir, acyclovir, famciclovir, valacyclovir
ZOVIRAX TOPICAL CREAM 5 %	NPB	PA; QL	acyclovir
ZOVIRAX TOPICAL OINTMENT 5 %	FE	PA; QL	acyclovir
TOPICAL CORTICOSTEROIDS			
ACIOXIA TOPICAL GEL 0.1-0.5 %	FE	PA	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	FE	PA	
ALA-SCALP TOPICAL LOTION 2 %	NPB	ST	hydrocortisone
alclometasone topical cream 0.05 %	PG		
alclometasone topical ointment 0.05 %	PG		
amcinonide topical ointment 0.1 %	PG	ST	
apexicon e topical cream 0.05 %	PG	ST	
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	FE	PA; ST	
beser topical lotion 0.05 %	PG	ST	
betamethasone dipropionate topical cream 0.05 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
betamethasone dipropionate topical lotion 0.05 %	PG		
betamethasone dipropionate topical ointment 0.05 %	PG		
betamethasone valerate topical cream 0.1 %	PG		
betamethasone valerate topical foam 0.12 %	PG	ST	
betamethasone valerate topical lotion 0.1 %	PG		
betamethasone valerate topical ointment 0.1 %	PG		
betamethasone, augmented topical cream 0.05 %	PG		
betamethasone, augmented topical gel 0.05 %	PG		
betamethasone, augmented topical lotion 0.05 %	PG		
betamethasone, augmented topical ointment 0.05 %	PG		
BRYHALI TOPICAL LOTION 0.01 %	NPB	ST	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
CAPEX TOPICAL SHAMPOO 0.01 %	NPB	ST	fluocinolone acetonide
CHLOHUX TOPICAL SHAMPOO 0.05-2 %	FE	PA; ST	
CHLOOXIA TOPICAL CREAM 0.05-4 %	FE	PA; ST	
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	FE	PA; ST	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	FE	PA; ST	
clobetasol scalp solution 0.05 %	PG	QL	
clobetasol topical cream 0.05 %	PG	QL	
clobetasol topical foam 0.05 %	PG	ST; QL	
clobetasol topical gel 0.05 %	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
clobetasol topical lotion 0.05 %	PG	ST; QL	
clobetasol topical ointment 0.05 %	PG	QL	
clobetasol topical shampoo 0.05 %	PG	ST; QL	
clobetasol topical spray,non-aerosol 0.05 %	PG	ST; QL	
clobetasol-emollient topical cream 0.05 %	PG	QL	
clobetasol-emollient topical foam 0.05 %	PG	ST; QL	
CLOBEX TOPICAL SHAMPOO 0.05 %	NPB	ST; QL	clobetasol propionate
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	NPB	ST; QL	clobetasol propionate
clocortolone pivalate topical cream 0.1 %	PG		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	NPB	ST; QL	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
clodan topical shampoo 0.05 %	PG	ST; QL	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	NPB	ST	flurandrenolide
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	NPB	ST; QL	flurandrenolide
CORDRAN TOPICAL LOTION 0.05 %	NPB	ST; QL	flurandrenolide
CORDRAN TOPICAL OINTMENT 0.05 %	NPB	ST; QL	flurandrenolide
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	NPB	ST	fluocinolone acetonide
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	NPB	ST	fluocinolone acetonide
DERMAWERX SDS TOPICAL KIT 0.1-5 %	FE	PA	triamcinolone acetonide
desonide topical cream 0.05 %	PG		
desonide topical gel 0.05 %	PG	ST	
desonide topical lotion 0.05 %	PG	ST	
desonide topical ointment 0.05 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
desoximetasone topical cream 0.05 %, 0.25 %	PG	ST	
desoximetasone topical gel 0.05 %	PG	ST	
desoximetasone topical ointment 0.05 %, 0.25 %	PG	ST	
desoximetasone topical spray,non-aerosol 0.25 %	PG	ST	
diflorasone topical cream 0.05 %	PG	ST; QL	
diflorasone topical ointment 0.05 %	PG	ST; QL	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	NPB	ST	betamethasone dipropionate
DUOBRII TOPICAL LOTION 0.01-0.045 %	NPB	ST; QL	tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate, triamcinolone acetonide
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %	FE	PA	triamcinolone acetonide
fluocinolone and shower cap scalp oil 0.01 %	PG		
fluocinolone topical cream 0.01 %, 0.025 %	PG		
fluocinolone topical oil 0.01 %	PG		
fluocinolone topical ointment 0.025 %	PG		
fluocinolone topical solution 0.01 %	PG		
fluocinonide topical cream 0.05 %	PG	QL	
fluocinonide topical cream 0.1 %	PB	ST; QL	
fluocinonide topical gel 0.05 %	PG	QL	
fluocinonide topical ointment 0.05 %	PG	QL	
fluocinonide topical solution 0.05 %	PG	QL	
fluocinonide-e topical cream 0.05 %	PG	QL	
FLUOPAR TOPICAL KIT 0.1-5 %	FE	PA; ST	
FLUOVIX PLUS TOPICAL KIT 0.1 %	FE	PA; ST	
FLUOVIX TOPICAL KIT 0.1 %	FE	PA; ST	
FLUOXIA TOPICAL CREAM 0.05-4 %	FE	PA; ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
flurandrenolide topical cream 0.05 %	PG	ST; QL	
flurandrenolide topical lotion 0.05 %	PG	ST; QL	
flurandrenolide topical ointment 0.05 %	PG	ST; QL	
fluticasone propionate topical cream 0.05 %	PG		
fluticasone propionate topical lotion 0.05 %	PG	ST	
fluticasone propionate topical ointment 0.005 %	PG		
halcinonide topical cream 0.1 %	PG	ST	
halobetasol propionate topical cream 0.05 %	PG		
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	FE	PA; ST	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
halobetasol propionate topical ointment 0.05 %	PG		
HALOG TOPICAL CREAM 0.1 %	NPB	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
HALOG TOPICAL OINTMENT 0.1 %	NPB	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
HALOG TOPICAL SOLUTION 0.1 %	NPB	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
hydrocortisone butyrate topical cream 0.1 %	PG	QL	
hydrocortisone butyrate topical lotion 0.1 %	PG	ST; QL	
hydrocortisone butyrate topical ointment 0.1 %	PG	ST; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hydrocortisone butyrate topical solution 0.1 %	PG	ST; QL	
hydrocortisone butyr-emollient topical cream 0.1 %	PG	QL	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	FE	PA; ST	
hydrocortisone topical cream 2.5 %	PG		
hydrocortisone topical lotion 2.5 %	PG		
hydrocortisone topical ointment 2.5 %	PG		
hydrocortisone valerate topical cream 0.2 %	PG		
hydrocortisone valerate topical ointment 0.2 %	PG		
HYDROXYM TOPICAL GEL 2 %	FE	PA; ST	
IMPOYZ TOPICAL CREAM 0.025 %	FE	PA; ST; QL	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	NPB	ST; QL	triamcinolone acetonide
LEXETTE TOPICAL FOAM 0.05 %	FE	PA; ST	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	FE	PA; ST; QL	hydrocortisone butyrate
LOCOID TOPICAL LOTION 0.1 %	FE	PA; ST; QL	hydrocortisone butyrate
LUXIQ TOPICAL FOAM 0.12 %	NPB	ST	betamethasone valerate
mometasone topical cream 0.1 %	PG		
mometasone topical ointment 0.1 %	PG		
mometasone topical solution 0.1 %	PG		
NOXIPAK TOPICAL KIT 0.01-20 %	FE	PA	
NUCORT TOPICAL LOTION 2 %	NPB	ST	
NUTRIARX TOPICAL KIT 0.1-5 %	FE	PA	triamcinolone acetonide
OLUX TOPICAL FOAM 0.05 %	NPB	ST; QL	clobetasol propionate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OLUX-E TOPICAL FOAM 0.05 %	NPB	ST; QL	clobetasol propionate
PANDEL TOPICAL CREAM 0.1 %	NPB	ST	betamethasone valerate, desoximetasone, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide
prednicarbate topical cream 0.1 %	PG		
prednicarbate topical ointment 0.1 %	PG		
QUINIXIL TOPICAL CREAM 0.1-5 %	FE	PA; ST	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	NPB	ST	
scalacort topical lotion 2 %	PG		
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	FE	PA; ST	betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone acetonide, fluocinonide, triamcinolone acetonide
SURE RESULT TAC PAK TOPICAL KIT 0.1-5 %	FE	PA	triamcinolone acetonide
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR TOPICAL CREAM 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR TOPICAL OINTMENT 0.025 %	NPB	ST	fluocinolone acetonide
SYNALAR TOPICAL SOLUTION 0.01 %	NPB	ST	fluocinolone acetonide
SYNALAR TS TOPICAL KIT 0.01 %	NPB	ST	fluocinolone acetonide
TEMOVATE TOPICAL OINTMENT 0.05 %	NPB	ST; QL	clobetasol propionate
TETOXIA TOPICAL CREAM 0.01-4 %	FE	PA; ST	
TEXACORT TOPICAL SOLUTION 2.5 %	NPB	ST	hydrocortisone butyrate
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	NPB	ST	desoximetasone

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICORT TOPICAL GEL 0.05 %	NPB	ST	desoximetasone
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	NPB	ST	desoximetasone
TOPICORT TOPICAL SPRAY, NON- AEROSOL 0.25 %	FE	PA; ST	desoximetasone
TOVET emollient topical foam 0.05 %	PG	ST; QL	
TOVET KIT TOPICAL COMBO PACK 0.05 %	FE	PA; ST	
TRIADIME TOPICAL KIT 0.1-5 %	FE	PA	
TRIADIME-80 TOPICAL KIT 0.1-5 %	FE	PA	
triamcinolone acetonide topical aerosol 0.147 mg/gram	PG	ST; QL	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	PG		
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	PG		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	PG		
triamcinolone acetonide topical ointment 0.05 %	PG	ST	
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	FE	PA	
triderm topical cream 0.1 %	PG		
triderm topical cream 0.5 %	PG	ST	
TRIHEAL-80 TOPICAL KIT 0.1-5 %	FE	PA	
ULTRAVATE TOPICAL LOTION 0.05 %	FE	PA; ST	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
VANOS TOPICAL CREAM 0.1 %	FE	PA; ST; QL	fluocinonide
VERDESO TOPICAL FOAM 0.05 %	FE	PA; ST	alclometasone dipropionate, betamethasone valerate, desonide, desoximetasone, fluocinolone acetonide, hydrocortisone butyrate, triamcinolone acetonide
WHYTEDERM TDKIT TOPICAL KIT 0.1-2 %	FE	PA	triamcinolone acetonide

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	FE	PA	triamcinolone acetonide
XILAPAK TOPICAL KIT 0.01 %	FE	PA; ST	
TOPICAL ENZYMES			
NEXOBRID TOPICAL GEL 8.8 %	NPB		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	PB	QL	
TOPICAL SCABICIDES / PEDICULICIDES			
crotan topical lotion 10 %	PG		
ELIMITE TOPICAL CREAM 5 %	NPB		permethrin
EURAX TOPICAL CREAM 10 %	NPB		crotan
EURAX TOPICAL LOTION 10 %	NPB		crotan
malathion topical lotion 0.5 %	PG		
NATROBA TOPICAL SUSPENSION 0.9 %	FE	PA	spinosad
OVIDE TOPICAL LOTION 0.5 %	NPB		malathion
permethrin topical cream 5 %	PG		
spinosad topical suspension 0.9 %	PG		
ULESFIA TOPICAL LOTION 5 %	NPB		ivermectin, permethrin, malathion, spinosad
DIAGNOSTICS & MISCELLANEOUS AGENTS			
IRRIGATING SOLUTIONS			
lactated ringers irrigation solution	PG		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	PG		
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	NPB		
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	NPB		
ringer's irrigation solution	PG		
SORBITOL IRRIGATION SOLUTION 3 %	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7- 0.54 GRAM/100 ML	NPB		
tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml	PG		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	FE	PA	
MISCELLANEOUS AGENTS			
acamprosate oral tablet, delayed release (dr/ec) 333 mg	PG		
acetic acid irrigation solution 0.25 %	PG		
AGRYLIN ORAL CAPSULE 0.5 MG	NPB		anagrelide hydrochloride
anagrelide oral capsule 0.5 mg, 1 mg	PG		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	PS	PA; ST; LA	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	NPS		sodium phenylbutyrate
BUPHENYL ORAL TABLET 500 MG	NPS		sodium phenylbutyrate
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	PG		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	PS	PA; LA	
carglumic acid oral tablet, dispersible 200 mg	PS	PA	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	NPB		levocarnitine
CARNITOR ORAL SOLUTION 100 MG/ML	NPB		levocarnitine
CARNITOR ORAL TABLET 330 MG	NPB		levocarnitine
cevimeline oral capsule 30 mg	PG		
CHEMET ORAL CAPSULE 100 MG	PB	PA	
CUVRIOR ORAL TABLET 300 MG	FE	PA	trientine hcl
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	PS	PA; LA	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	PS	PA; LA	
deferiprone oral tablet 1,000 mg, 500 mg	PS	PA; LA	
disulfiram oral tablet 250 mg, 500 mg	PG		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	NPS	PA; LA	desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	PS	PA	
ENDARI ORAL POWDER IN PACKET 5 GRAM	FE	PA; LA	hydroxyurea, Droxia, Siklos
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	PS	PA	
EVOXAC ORAL CAPSULE 30 MG	NPB		cevimeline hcl
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	FE	PA; LA	deferasirox
EXSERVAN ORAL FILM 50 MG	NPS		riluzole
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	PS	PA	
FERRIPROX ORAL SOLUTION 100 MG/ML	PS	PA	
FERRIPROX ORAL TABLET 1,000 MG	NPS	PA	deferiprone (3 times a day)
FERRIPROX ORAL TABLET 500 MG	NPS	PA	deferiprone
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	NPS	PA; LA	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	PS	PA; ST; LA	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PS	PA; LA	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	FE	PA; LA	deferasirox
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	FE	PA; LA	deferasirox

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	FE	PA	PROCRIT, RETACRIT
JOENJA ORAL TABLET 70 MG	NPS	PA; QL	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	NPS		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	PS	PA	
levocarnitine (with sugar) oral solution 100 mg/ml	PG		
levocarnitine oral solution 100 mg/ml	PG		
levocarnitine oral tablet 330 mg	PG		
LITFULO ORAL CAPSULE 50 MG	NPS	PA; QL; LA	betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone
LITHOSTAT ORAL TABLET 250 MG	NPB		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	PG		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	PS	PA; LA	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	PS	PA; LA	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	FE	PA; LA	atomoxetine hcl, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	NPS		sodium phenylbutyrate, PHEBURANE
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	NPS	PA	nitisinone
ORFADIN ORAL SUSPENSION 4 MG/ML	NPS	PA	nitisinone, NITYR
OXBRYTA ORAL TABLET 300 MG, 500 MG	FE	PA; QL; LA	hydroxyurea, DROXIA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	FE	PA; QL; LA	hydroxyurea, DROXIA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PHEBURANE ORAL GRANULES 483 MG/GRAM	NPS	LA	
pilocarpine hcl oral tablet 5 mg	PG		
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	PS	PA; ST	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	PS	PA; ST	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	NPS	PA; QL	
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	NPS	PA; QL	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	NPB		
RAVICTI ORAL LIQUID 1.1 GRAM/ML	FE	PA; LA	sodium phenylbutyrate, PHEBURANE
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	NPS	PA; LA	zoledronic acid
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	PS	PA	
RILUTEK ORAL TABLET 50 MG	NPB		riluzole
riluzole oral tablet 50 mg	PG		
risedronate oral tablet 30 mg	PG	QL	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	NPB		pilocarpine hcl
sodium chloride 0.9 % injection solution	PG		
sodium chloride 0.9 % intravenous parenteral solution	PG		
sodium chloride 0.9 % intravenous piggyback	PG		
sodium chloride injection syringe 0.9 %	PG		
sodium chloride irrigation solution 0.9 %	PG		
sodium phenylbutyrate oral powder 0.94 gram/gram	PG		
sodium phenylbutyrate oral tablet 500 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	NPS	PA	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	PS	PA; LA	
SYPRINE ORAL CAPSULE 250 MG	NPB	PA	trientine hcl
TAVNEOS ORAL CAPSULE 10 MG	FE	PA; QL	azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	NPS	PA	tiopronin
THIOLA ORAL TABLET 100 MG	FE	PA	tiopronin
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	NPS		riluzole
tiopronin oral tablet 100 mg	PS	PA; LA	
trientine oral capsule 250 mg	PG	PA	
TRIENTINE ORAL CAPSULE 500 MG	FE	PA	trientine hcl
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	NPS	PA; LA	EMPAVELI, SOLIRIS
VEOPOZ INJECTION SOLUTION 200 MG/ML	NPS	PA	
water for irrigation, sterile irrigation solution	PG		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG	PS	PA; LA	
XENPOZYME INTRAVENOUS RECON SOLN 4 MG	NPS	PA; LA	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	PS	PA	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	PS	PA; ST; LA	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	NPS	PA; QL	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	NPS	PA; LA	
SMOKING DETERRENTS			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	NPB	ACA	varenicline tartrate
CHANTIX ORAL TABLET 1 MG	NPB	ACA	varenicline tartrate
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	NPB	ACA	varenicline tartrate
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	PB	ACA	
NICORETTE BUCCAL GUM 2 MG	PB	ACA	
nicorette buccal gum 4 mg	PG	ACA	
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	PB	ACA	
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	PB	ACA	
nicotine (polacrilex) buccal gum 2 mg, 4 mg	PG	ACA	
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	PG	ACA	
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	PG	ACA	
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	PG	ACA	
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	PG	ACA	
NICOTROL INHALATION CARTRIDGE 10 MG	NPB	ACA	nicotine, nicotine gum
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	NPB	ACA	nicotine, nicotine gum
quit 2 buccal gum 2 mg	PG	ACA	
quit 2 buccal lozenge 2 mg	PG	ACA	
quit 4 buccal gum 4 mg	PG	ACA	
quit 4 buccal lozenge 4 mg	PG	ACA	
stop smoking aid buccal lozenge 2 mg, 4 mg	PG	ACA	
varenicline oral tablet 0.5 mg, 1 mg	PG	ACA	
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EAR, NOSE & THROAT MEDICATIONS			
MISCELLANEOUS AGENTS			
ARESTIN DENTAL CARTRIDGE 1 MG	NPS		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	PG	QL	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	PG		
CLINPRO 5000 DENTAL PASTE 1.1 %	NPB		sodium fluoride
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	FE	PA	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	FE	PA	
denta 5000 plus dental cream 1.1 %	PG		
dentagel dental gel 1.1 %	PG		
fluoride (sodium) dental cream 1.1 %	PG		
fluoride (sodium) dental gel 1.1 %	PG		
fluoride (sodium) dental paste 1.1 %	PG		
fluoride (sodium) dental solution 0.2 %	PG		
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	NPB		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
FLUORIMAX 5000 DENTAL PASTE 1.1 %	NPB		
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	NPB		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	NPB		
GELX MUCOUS MEMBRANE GEL	NPB		
ipratropium bromide nasal spray,non- aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	PG	QL	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
kourzeq dental paste 0.1 %	PG		
MUGARD MUCOUS MEMBRANE SOLUTION	NPS		
olopatadine nasal spray,non-aerosol 0.6 %	PG	QL	
oralone dental paste 0.1 %	PG		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	NPB		
ORAPEUTIC MUCOUS MEMBRANE GEL	FE	PA	
paroex oral rinse mucous membrane mouthwash 0.12 %	PG		
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	NPB	QL	olopatadine hcl
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	NPB		chlorhexidine gluconate
periogard mucous membrane mouthwash 0.12 %	PG		
pilocarpine hcl oral tablet 7.5 mg	PG		
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	NPB		
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
PREVIDENT DENTAL GEL 1.1 %	NPB		sodium fluoride
PREVIDENT DENTAL SOLUTION 0.2 %	NPB		sodium fluoride
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	NPS		
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	NPB		pilocarpine hcl
sf 5000 plus dental cream 1.1 %	PG		
sf dental gel 1.1 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sodium fluoride 5000 plus dental cream 1.1 %	PG		
sodium fluoride-pot nitrate dental paste 1.1-5 %	PG		
triamcinolone acetonide dental paste 0.1 %	PG		
MISCELLANEOUS OTIC PREPARATIONS			
acetic acid otic (ear) solution 2 %	PG		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	FE	PA	ciprofloxacin hcl, ofloxacin
ciprofloxacin hcl otic (ear) dropperette 0.2 %	PG		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	NPB		fluocinolone acetonide oil
flac otic oil otic (ear) drops 0.01 %	PG		
fluocinolone acetonide oil otic (ear) drops 0.01 %	PG		
hydrocortisone-acetic acid otic (ear) drops 1-2 %	PG		
ofloxacin otic (ear) drops 0.3 %	PG		
OTIC STEROID / ANTIBIOTIC			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	FE	PA	ciprofloxacin-dexamethasone
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	PG		
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	FE	PA	ciprofloxacin-dexamethasone
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	NPB		neomycin/polymyxin/hc
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%	PG		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	NPB		ciprofloxacin-dexamethasone

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR INJECTION GEL 80 UNIT/ML	NPS	PA; LA	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	FE	PA; ST	hydrocortisone
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	NPB		hydrocortisone
cortisone oral tablet 25 mg	PG		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	FE	PA; LA	
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	PG	ST	
dexamethasone intensol oral drops 1 mg/ml	PG		
dexamethasone oral elixir 0.5 mg/5 ml	PG		
dexamethasone oral solution 0.5 mg/5 ml	PG		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	PG		
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	PG	ST	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	FE	PA; LA	prednisone, prednisone
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	FE	PA; LA	prednisone, prednisone
fludrocortisone oral tablet 0.1 mg	PG		
HEMADY ORAL TABLET 20 MG	FE	PA; ST	dexamethasone
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	PG		
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	NPB		methylprednisolone
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	NPB		methylprednisolone

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG		
methylprednisolone oral tablets,dose pack 4 mg	PG		
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	PG		
millipred oral tablet 5 mg	PG		
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	NPB		prednisolone sodium phosphate
prednisolone oral solution 15 mg/5 ml	PG		
prednisolone oral tablet 5 mg	PG		
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	PG		
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	PG		
prednisone intensol oral concentrate 5 mg/ml	PG		
prednisone oral solution 5 mg/5 ml	PG		
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PG		
prednisone oral tablets,dose pack 10 mg, 5 mg	PG		
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	NPB	ST	prednisone
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	NPB	ST	dexamethasone
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	NPS	PA; QL	methylprednisolone, prednisone
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	NPS	LA	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	NPB	ST	dexamethasone
ANTITHYROID AGENTS			
methimazole oral tablet 10 mg, 5 mg	PG		
potassium iodide oral solution 1 gram/ml	PG		
propylthiouracil oral tablet 50 mg	PG		
SSKI ORAL SOLUTION 1 GRAM/ML	NPB		potassium iodide
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES			
FREESTYLE INSULINX STRIP	PB		
FREESTYLE INSULINX TEST STRIPS STRIP	PB		
FREESTYLE LITE STRIPS STRIP	PB		
FREESTYLE TEST STRIP	PB		
ONETOUCH ULTRA TEST STRIP	PB		
ONETOUCH VERIO TEST STRIPS STRIP	PB		
GLUCOSE ELEVATING AGENTS			
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	PB	QL	
diazoxide oral suspension 50 mg/ml	PG		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	FE	PA; QL	glucagon emergency kit, BAQSIMI, GVOKE
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	FE	PA; QL	glucagon emergency kit, BAQSIMI, GVOKE
glucagon emergency kit (human) injection recon soln 1 mg	PG	QL	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	PB	QL	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	PB	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	PB	QL	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	NPB		diazoxide
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	FE	PA; QL	glucagon emergency kit, BAQSIMI, GVOKE
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	FE	PA; QL	glucagon emergency kit, BAQSIMI, GVOKE
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU			
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PB		
ONETOUCH ULTRA2 METER	PB		
INSULIN THERAPY			
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO, LYUMJEV
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	FE	PA	HUMALOG, INSULIN LISPRO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO, LYUMJEV
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NPB		SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	NPB		SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	FE	PA	HUMALOG, INSULIN LISPRO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO, LYUMJEV
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	PB		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	PB		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	PB		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	PB		
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	PB		
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PB		
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	PB		
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	PB		
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PB		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PB		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	PB		
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	PB		
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	PB		
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	FE	PA	HUMALOG MIX 75-25
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	FE	PA	HUMALOG MIX 75-25

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO, LYUMJEV
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U- 100
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	FE	PA	SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U- 200
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	SEMGLEE (YFGN) PEN
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	SEMGLEE (YFGN)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	SEMGLEE (YFGN) PEN
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	SEMGLEE (YFGN)
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	PB		HUMALOG MIX 75-25
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PB		HUMALOG, LYUMJEV KWIKPEN U-100
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	PB		HUMALOG JUNIOR KWIKPEN

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	SEMGLEE (YFGN)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PB		
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PB		
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PB		
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	FE	PA	HUMULIN 70/30 KWIKPEN
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	HUMULIN N KWIKPEN
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	HUMULIN R
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	FE	PA	HUMALOG MIX 75-25
NOVOLOG MIX 70-30FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	FE	PA	HUMALOG MIX 75-25
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE	PA	HUMALOG, INSULIN LISPRO, LYUMJEV
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	FE	PA	HUMULIN 70-30
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	FE	PA	HUMULIN N
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	FE	PA	HUMULIN R
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE	PA	SEMGLEE (YFGN) PEN
SEMGLEE(INSULIN GLARGINE- YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
SEMGLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	PB	QL	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	PB		
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	PB		
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PB		
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	FE	PA; QL	SOLIQUA 100-33
MISCELLANEOUS HORMONES			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	PS	PA; LA	
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	PS	PA	
cabergoline oral tablet 0.5 mg	PG	QL	
calcitonin (salmon) injection solution 200 unit/ml	PG		
calcitonin (salmon) nasal spray,non- aerosol 200 unit/actuation	PG		
CERDELGA ORAL CAPSULE 84 MG	PS	PA; ST; QL; LA	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	PS	PA; ST; LA	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	PG	PA	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	PS	PA; QL; LA	
danazol oral capsule 100 mg, 200 mg, 50 mg	PG		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	NPB		desmopressin acetate
desmopressin injection solution 4 mcg/ml	PS	LA	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	PG		
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	PB		
desmopressin oral tablet 0.1 mg, 0.2 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	PS	PA; LA	
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	FE	PA; ST; LA	CEREZYME
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	FE	PA	FABRAZYME
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	PS	PA; LA	
GALAFOLD ORAL CAPSULE 123 MG	NPS	PA; QL; LA	FABRAZYME
ISTURISA ORAL TABLET 1 MG, 5 MG	FE	PA; QL	SIGNIFOR
javygtor oral powder in packet 100 mg, 500 mg	PS	PA; LA	
javygtor oral tablet,soluble 100 mg	PS	PA; LA	
JYNARQUE ORAL TABLET 15 MG, 30 MG	NPS	PA; QL	
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	NPS	PA; QL	
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	PS	PA; LA	
KORLYM ORAL TABLET 300 MG	FE	PA	ketoconazole, LYSODREN, SIGNIFOR
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	FE	PA; LA	sapropterin dihydrochloride
KUVAN ORAL TABLET,SOLUBLE 100 MG	FE	PA; LA	sapropterin dihydrochloride
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	PS	PA; LA	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	PS	PA; LA	
METHITEST ORAL TABLET 10 MG	PB		
methyltestosterone oral capsule 10 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	NPB		calcitonin-salmon
miglustat oral capsule 100 mg	PS	PA; ST; QL; LA	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	PS	PA; LA	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	PS	PA; LA	
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	NPS	PA; LA	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	NPB	QL	
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	NPB	QL	
NOCTIVA NASAL SPRAY, NON- AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	FE	PA; ST; QL	desmopressin acetate
OPFOLDA ORAL CAPSULE 65 MG	FE	PA; LA	
ORILISSA ORAL TABLET 150 MG, 200 MG	PB	QL	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	PS	PA; QL; LA	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	PG		
POMBILITI INTRAVENOUS RECON SOLN 105 MG	FE	PA; LA	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	NPB		calcitriol, doxercalciferol, paricalcitol
RECORLEV ORAL TABLET 150 MG	FE	PA	ketoconazole, LYSODREN
SAMSCA ORAL TABLET 15 MG, 30 MG	FE	PA; QL; LA	tolvaptan
sapropterin oral powder in packet 100 mg, 500 mg	PS	PA; LA	
sapropterin oral tablet,soluble 100 mg	PS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	FE	PA	cinacalcet hcl
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PS	PA; LA	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	PS	PA	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	PB	PA	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	NPS	PA; LA	
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG	NPS		
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	PG	PA	
testosterone enanthate intramuscular oil 200 mg/ml	PG	PA	
tolvaptan oral tablet 15 mg, 30 mg	PS	PA; QL; LA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	PS	PA; LA	
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	NPS	PA; LA	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	FE	PA; ST; LA	CEREZYME
ZAVESCA ORAL CAPSULE 100 MG	FE	PA; ST; QL; LA	miglustat
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NPB		paricalcitol
zoledronic acid intravenous recon soln 4 mg	NPS	LA	
zoledronic acid intravenous solution 4 mg/5 ml	NPS	LA	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	NPS	LA	
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	NPS	LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NON-INSULIN HYPOGLYCEMIC AGENTS			
acarbose oral tablet 100 mg, 25 mg, 50 mg	PG		
ACTOPLUS MET ORAL TABLET 15-850 MG	NPB	ST; QL	pioglitazone-metformin
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	NPB	ST; QL	pioglitazone hcl
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	FE	PA; ST; QL	saxagliptin hcl, JANUVIA
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	FE	PA; ST; QL	saxagliptin-metformin er, JANUMET, JANUMET XR
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	FE	PA; ST; QL	pioglitazone hcl, saxagliptin hcl, JANUVIA
BRENZAVVY ORAL TABLET 20 MG	FE	PA; ST; QL	FARXIGA, JARDIANCE, STEGLATRO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	PB	ST; QL	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	PB	ST; QL	
CYCLOSET ORAL TABLET 0.8 MG	NPB		metformin hcl, glimepiride, glipizide, glyburide
DM2 COMBO PACK, TABLET AND STRIP 500 MG	FE	PA	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	NPB	ST; QL	pioglitazone-glimepiride
FARXIGA ORAL TABLET 10 MG, 5 MG	PB	ST; QL	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PG		
glipizide oral tablet 10 mg, 5 mg	PG		
GLIPIZIDE ORAL TABLET 2.5 MG	FE	PA	glipizide
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	PG		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	NPB		glipizide er
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	FE	PA; ST; QL	metformin hcl, metformin hcl er
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	PG		
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PG		
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PG		
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	NPB		glyburide micronized
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	PB	ST; QL	
INPEFA ORAL TABLET 200 MG	FE	PA; QL	FARXIGA, JARDIANCE
INPEFA ORAL TABLET 400 MG	FE	PA	FARXIGA, JARDIANCE
INVOKAMET ORAL TABLET 150- 1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	FE	PA; ST; QL	SEGLUOMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	FE	PA; ST; QL	SEGLUOMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA ORAL TABLET 100 MG, 300 MG	FE	PA; ST; QL	FARXIGA, JARDIANCE, STEGLATRO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	PB	ST; QL	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	PB	ST; QL	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	PB	ST; QL	
JARDIANCE ORAL TABLET 10 MG, 25 MG	PB	ST; QL	
JENTADUETO ORAL TABLET 2.5- 1,000 MG, 2.5-500 MG, 2.5-850 MG	FE	PA; ST; QL	saxagliptin-metformin er, JANUMET, JANUMET XR

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	FE	PA; ST; QL	saxagliptin-metformin er, JANUMET, JANUMET XR
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	FE	PA; ST; QL	saxagliptin-metformin er, JANUMET, JANUMET XR
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	FE	PA; ST; QL	saxagliptin-metformin er
metformin oral solution 500 mg/5 ml	PG	ST	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	PG		
METFORMIN ORAL TABLET 625 MG	FE	PA; ST	metformin hcl
metformin oral tablet extended release 24 hr 500 mg, 750 mg	PG	QL	
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	PB	ST; QL	
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	PG	ST; QL	
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PB	ST; QL	
nateglinide oral tablet 120 mg, 60 mg	PG		
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	FE	PA; ST; QL	saxagliptin hcl, JANUVIA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	FE	PA; ST; QL	saxagliptin hcl
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NPB	ST; QL	pioglitazone hcl, saxagliptin hcl, JANUVIA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PB	ST; QL	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	PG	QL	
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	PG	QL	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		acarbose
QTERN ORAL TABLET 10-5 MG, 5-5 MG	FE	PA; ST	GLYXAMBI
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	PG		
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	NPB	ST	metformin hcl, metformin hcl er
RIOMET ORAL SOLUTION 500 MG/5 ML	NPB	ST	metformin hcl
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PB	ST; QL	
saxagliptin oral tablet 2.5 mg, 5 mg	PG	ST; QL	
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	PG	ST; QL	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	PB	ST; QL	
STEGLATRO ORAL TABLET 15 MG, 5 MG	PB	ST; QL	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	FE	PA; ST; QL	GLYXAMBI
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	PB	ST; QL	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	PB	ST; QL	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	PB	ST; QL	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	PB	ST; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRADJENTA ORAL TABLET 5 MG	FE	PA; ST; QL	saxagliptin hcl, JANUVIA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	PB	ST	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PB	ST; QL	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	FE	PA; ST; QL	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	FE	PA; ST; QL	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	PB	ST; QL	
THYROID HORMONES			
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	FE	PA	levothyroxine sodium, np thyroid, ARMOUR THYROID
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	PB		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	FE	PA	liothyronine sodium
ERMEZA ORAL SOLUTION 30 MCG/ML	NPB	ST	euthyrox, levothyroxine sodium, levoxyl, unithroid
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	PG		
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	FE	PA	euthyrox, levothyroxine sodium, levoxyl, unithroid
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	PG		
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	PG		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	PG		
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	FE	PA	euthyrox, levothyroxine sodium, levoxyl, unithroid
THYQUIDITY ORAL SOLUTION 20 MCG/ML	FE	PA; ST	euthyrox, levothyroxine sodium, levoxyl, unithroid
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	FE	PA	euthyrox, levothyroxine sodium, levoxyl, unithroid
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	FE	PA; ST	euthyrox, levothyroxine sodium, levoxyl, unithroid

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	PG		

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

anaspaz oral tablet,disintegrating 0.125 mg	PG		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	PG	PA; QL	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	PG		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	FE	PA	glycopyrrolate
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	FE	PA	glycopyrrolate
dicyclomine oral capsule 10 mg	PG		
dicyclomine oral solution 10 mg/5 ml	PG		
dicyclomine oral tablet 20 mg	PG		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	PG		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	PG		
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	NPB		belladonna-phenobarbital
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	NPB		belladonna-phenobarbital
ed-spaz oral tablet,disintegrating 0.125 mg	PG		
GLYCATE ORAL TABLET 1.5 MG	NPB		glycopyrrolate
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	PG		
glycopyrrolate oral tablet 1 mg, 2 mg	PG		
glycopyrrolate oral tablet 1.5 mg	FE	PA	glycopyrrolate 1 mg or 2 mg tablets
hyoscyamine sulfate oral drops 0.125 mg/ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	PG		
hyoscyamine sulfate oral tablet 0.125 mg	PG		
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	PG		
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg	PG		
hyoscyamine sulfate sublingual tablet 0.125 mg	PG		
hyosyne oral drops 0.125 mg/ml	PG		
hyosyne oral elixir 0.125 mg/5 ml	PG		
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	NPB		hyoscyamine sulfate
LEVSIN ORAL TABLET 0.125 MG	NPB		hyoscyamine sulfate
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	NPB		hyoscyamine sulfate
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	FE	PA	dicyclomine-containing product (tablet, capsule, syrup) AND a hyoscamine-containing product (tablet, solution) OR chlordiazepoxide-clidinium
LOMOTIL ORAL TABLET 2.5-0.025 MG	NPB		diphenoxylate w/atropine
methscopolamine oral tablet 2.5 mg, 5 mg	NPG		glycopyrrolate
MOTOFEN ORAL TABLET 1-0.025 MG	NPB		diphenoxylate w/atropine
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	FE	PA	diphenoxylate w/atropine, loperamide hcl
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	NPB		hyoscyamine sulfate
opium tincture oral tincture 10 mg/ml (morphine)	PG		
oscimin oral tablet 0.125 mg	PG		
oscimin sl sublingual tablet 0.125 mg	PG		
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	PG		
phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	PG		
phenohydro oral tablet 16.2-0.1037 - 0.0194 mg	PG		
ROBINUL FORTE ORAL TABLET 2 MG	NPB		glycopyrrolate
ROBINUL ORAL TABLET 1 MG	NPB		glycopyrrolate
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	NPB		hyoscyamine sulfate
symax fastabs oral tablet,disintegrating 0.125 mg	PG		
symax-sl sublingual tablet 0.125 mg	PG		
symax-sr oral tablet extended release 12 hr 0.375 mg	PG		
MISCELLANEOUS AGENTS			
AURYXIA ORAL TABLET 210 MG IRON	NPB		lanthanum carbonate, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	FE	PA	lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	FE	PA	lanthanum carbonate
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	PG		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	PB		
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	NPB		sevelamer carbonate
RENVELA ORAL TABLET 800 MG	NPB		sevelamer carbonate
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	PG		
sevelamer carbonate oral tablet 800 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sevelamer hcl oral tablet 400 mg, 800 mg	PG		
sodium polystyrene sulfonate oral powder	PG		
sps (with sorbitol) oral suspension 15-20 gram/60 ml	PG		
sps (with sorbitol) rectal enema 30-40 gram/120 ml	PG		
VELPHORO ORAL TABLET,CHEWABLE 500 MG	PB		
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	PB		
XPHOZAH ORAL TABLET 20 MG, 30 MG	FE	PA; ST	
MISCELLANEOUS GASTROINTESTINAL AGENTS			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	FE	PA; QL	granisetron hcl, ondansetron hcl, aprepitant, VARUBI
alosetron oral tablet 0.5 mg, 1 mg	PG		
alvimopan oral capsule 12 mg	PG		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	FE	PA; ST	lubiprostone
ANA-LEX KIT RECTAL KIT 2-2 %	NPB		
ANALPRAM-HC RECTAL CREAM 1-1 %	NPB		hc pramoxine, pramoxine hcl w/hydrocortisone
ANALPRAM-HC RECTAL CREAM 2.5-1 %	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
ANTIVERT ORAL TABLET 50 MG	FE	PA; ST	meclizine hcl
anucort-hc rectal suppository 25 mg	PG		
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	FE	PA	hydrocortisone acetate
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	FE	PA; ST	procto-med hc, proctosol-hc, proctozone-hc

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANZEMET ORAL TABLET 50 MG	FE	PA	granisetron hcl, ondansetron hcl
aprepitant oral capsule 125 mg, 40 mg, 80 mg	PG	QL	
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	PG	QL	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	NPB	ST	mesalamine er
AVSOLA INTRAVENOUS RECON SOLN 100 MG	FE	PA; ST; LA	INFLECTRA
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	NPB	ST	sulfasalazine
AZULFIDINE ORAL TABLET 500 MG	NPB	ST	sulfasalazine
balsalazide oral capsule 750 mg	PG		
betaine oral powder 1 gram/scoop	PS	PA; ST	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	FE	PA	doxylamine succ-pyridoxine hcl
budesonide oral capsule,delayed,extend.release 3 mg	PG		
budesonide oral tablet,delayed and ext.release 9 mg	PG	ST	
budesonide rectal foam 2 mg/actuation	PG		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	NPS	PA; QL; LA	cholestyramine, rifampin, ursodiol
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	NPS	PA; QL; LA	cholestyramine, rifampin, ursodiol
CANASA RECTAL SUPPOSITORY 1,000 MG	FE	PA	mesalamine
CHENODAL ORAL TABLET 250 MG	PS	PA	
CHOLBAM ORAL CAPSULE 250 MG	PS	PA	
CHOLBAM ORAL CAPSULE 50 MG	PS	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
citrate of magnesia oral solution	PG	ACA	
citroma oral solution	PG	ACA	
clearlax oral powder 17 gram/dose	PG	ACA	
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	FE	PA	peg3350-sod sul-nacl-kcl-asb- c, sod sulf-potass sulf-mag sulf
COLAZAL ORAL CAPSULE 750 MG	NPB	ST	balsalazide disodium
COMPAZINE ORAL TABLET 10 MG, 5 MG	NPB		prochlorperazine maleate
COMPAZINE RECTAL SUPPOSITORY 25 MG	NPB		prochlorperazine maleate
compro rectal suppository 25 mg	PG		
constulose oral solution 10 gram/15 ml	PG		
CORTENEMA RECTAL ENEMA 100 MG/60 ML	NPB		hydrocortisone
CORTIFOAM RECTAL FOAM 10 % (80 MG)	FE	PA	budesonide, hydrocortisone, UCERIS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT	PB		
cromolyn oral concentrate 100 mg/5 ml	PG		
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	FE	PA; ST	betaine anhydrous
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	FE	PA; ST	mesalamine dr

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	NPB		doxylamine succ-pyridoxine hcl
DIPENTUM ORAL CAPSULE 250 MG	FE	PA; ST	balsalazide disodium, mesalamine, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
doxylamine-pyridoxine (vit b6) oral tablet,delayered release (dr/ec) 10-10 mg	PG	ST	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	PG		
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	PG	ACA	
EMEND ORAL CAPSULE 80 MG	FE	PA; QL	aprepitant
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	FE	PA; QL	aprepitant
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	FE	PA; QL	aprepitant, VARUBI
ENTEREG ORAL CAPSULE 12 MG	NPB		alvimopan
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	PS	PA; ST; LA	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	FE	PA; LA	
enulose oral solution 10 gram/15 ml	PG		
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	NPB		cromolyn sodium
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	NPS	PA; LA	
gavilax oral powder 17 gram/dose	PG	ACA	
gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram	PG	ACA	
gavilyte-g oral recon soln 236-22.74- 6.74 -5.86 gram	PG	ACA	
gentle laxative (bisacodyl) oral tablet,delayered release (dr/ec) 5 mg	PG	ACA	
gentlelax oral powder 17 gram/dose	PG	ACA	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	FE	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	NPB		gavilyte-g, peg 3350- electrolyte
granisetron hcl oral tablet 1 mg	PG	QL	
hemmorex-hc rectal suppository 25 mg, 30 mg	PG		
hydrocortisone acetate rectal suppository 25 mg, 30 mg	PG		
hydrocortisone rectal enema 100 mg/60 ml	PG		
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	PG		
hydrocortisone-pramoxine rectal cream 1-1 %	PG		
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	PG	ST	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	FE	PA	hydrocortisone acetate, hc pramoxine
IBSRELA ORAL TABLET 50 MG	FE	PA; ST	lubiprostone, LINZESS, TRULANCE
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	PS	PA; ST; LA	
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	FE	PA; ST	INFLECTRA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	NPB		lactulose
lactulose oral packet 10 gram	FE	PA	lactulose solution
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	PG		
laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	PG	ACA	
laxative peg 3350 oral powder 17 gram/dose	PG	ACA	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	FE	PA; ST	mesalamine
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	PG		
LIDOCAINE HCL- HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	PG		
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	PG		
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	PG		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	PB		
LIVMARLI ORAL SOLUTION 9.5 MG/ML	NPS	PA	cholestyramine, rifampin, ursodiol
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	FE	PA	alosetron hcl
lubiprostone oral capsule 24 mcg, 8 mcg	PG		
magnesium citrate oral solution	PG	ACA	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	NPB		dronabinol
MECLIZINE ORAL TABLET 50 MG	FE	PA; ST	meclizine hcl
mesalamine oral capsule (with del rel tablets) 400 mg	PG		
mesalamine oral capsule, extended release 500 mg	PG	ST	
mesalamine oral capsule,extended release 24hr 0.375 gram	PG	ST	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	PG		
mesalamine rectal enema 4 gram/60 ml	PG		
mesalamine rectal suppository 1,000 mg	PG	ST	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	PG		
metoclopramide hcl oral solution 5 mg/5 ml	PG		
metoclopramide hcl oral tablet 10 mg, 5 mg	PG		
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	PG	ACA	
milk of magnesia oral suspension 400 mg/5 ml	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MOTEGRITY ORAL TABLET 1 MG, 2 MG	FE	PA; ST	lubiprostone, LINZESS, TRULANCE
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	PB		
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	FE	PA	peg3350-sod sul-nacl-kcl-asb- c
natura-lax oral powder 17 gram/dose	PG	ACA	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	FE	PA; ST	Epifoam, hydrocortisone- pramoxine cream, Pramoxone cream, Pramoxone lotion, or Pramoxone ointment
OICALIVA ORAL TABLET 10 MG, 5 MG	PS	PA; QL; LA	
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	FE	PA; LA	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	FE	PA; LA	
ondansetron hcl oral solution 4 mg/5 ml	PG	QL	
ondansetron hcl oral tablet 4 mg, 8 mg	PG	QL	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	PG	QL	
onelax magnesium citrate oral solution	PG	ACA	
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	PG	ACA	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	NPB		budesonide ec
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	PB		
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	PG	ACA	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
peg-electrolyte soln oral recon soln 420 gram	PG	ACA	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	PB		
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	NPB		mesalamine er
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT, 4,000-14,375-15,125 UNIT, 8,000-28,750-30,250 UNIT	FE	PA	CREON, PANCREAZE, ZENPEP
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	PG	ACA	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	FE	PA	peg3350-sod sul-nacl-kcl-asb-c, sod sulf-potass sulf-mag sulf
polyethylene glycol 3350 oral powder 17 gram/dose	PG	ACA	
powderlax oral powder 17 gram/dose	PG	ACA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG		
prochlorperazine rectal suppository 25 mg	PG		
PROCORT RECTAL CREAM 1.85-1.15 %	NPB		hc pramoxine, pramoxine hcl w/hydrocortisone
PROCTOCORT RECTAL SUPPOSITORY 30 MG	NPB		hydrocortisone acetate
PROCTOFOAM HC RECTAL FOAM 1-1 %	FE	PA; ST	pramoxine hcl w/hydrocortisone
procto-med hc topical cream with perineal applicator 2.5 %	PG		
proctosol hc topical cream with perineal applicator 2.5 %	PG		
proctozone-hc topical cream with perineal applicator 2.5 %	PG		
purelax oral powder 17 gram/dose	PG	ACA	
REBYOTA RECTAL ENEMA 150 ML	FE	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RECTIV RECTAL OINTMENT 0.4 % (W/W)	PB		
REGLAN ORAL TABLET 10 MG, 5 MG	NPB		metoclopramide hcl
RELISTOR ORAL TABLET 150 MG	PB	ST	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	PB	ST	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	PB	ST	
RELTONE ORAL CAPSULE 200 MG, 400 MG	FE	PA	ursodiol
REMICADE INTRAVENOUS RECON SOLN 100 MG	FE	PA; ST; LA	INFLECTRA
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	FE	PA; ST; LA	INFLECTRA
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	NPB		mesalamine
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	NPB	QL	granisetron hcl, ondansetron hcl
scopolamine base transdermal patch 3 day 1 mg over 3 days	PG		
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	NPB		mesalamine
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PS	PA; ST; LA	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	PS	PA; QL; LA	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	PS	PA; ST; QL; LA	
smoothlax oral powder 17 gram/dose	PG	ACA	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	PG	ACA	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	PS	PA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	FE	PA	peg3350-sod sul-nacl-kcl-asb- c, sod sulf-potass sulf-mag sulf
sulfasalazine oral tablet 500 mg	PG		
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	PG		
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	FE	PA	sod sulf-potass sulf-mag sulf
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	FE	PA	peg3350-sod sul-nacl-kcl-asb- c, sod sulf-potass sulf-mag sulf
SYMPROIC ORAL TABLET 0.2 MG	PB		
SYNDROS ORAL SOLUTION 5 MG/ML	NPB		dronabinol
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	FE	PA	scopolamine
trimethobenzamide oral capsule 300 mg	PG		
TRULANCE ORAL TABLET 3 MG	PB		
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	NPB		budesonide er
UCERIS RECTAL FOAM 2 MG/ACTUATION	PB		
URSO 250 ORAL TABLET 250 MG	NPB		ursodiol
URSO FORTE ORAL TABLET 500 MG	NPB		ursodiol
ursodiol oral capsule 200 mg, 300 mg, 400 mg	PG		
ursodiol oral tablet 250 mg, 500 mg	PG		
VARUBI ORAL TABLET 90 MG	PB	QL	
VELSIPITY ORAL TABLET 2 MG	FE	PA	
VIBERZI ORAL TABLET 100 MG, 75 MG	PB		
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	PB		
VOWST ORAL CAPSULE	NPS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
ZELNORM ORAL TABLET 6 MG	FE	PA; ST	lubiprostone, LINZESS, TRULANCE
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	PB		
ULCER THERAPY			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	FE	PA; ST	rabeprazole sodium
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	PG	QL	
bismuth subcit k-metronidz-ten oral capsule 140-125-125 mg	PG		
CARAFATE ORAL SUSPENSION 100 MG/ML	FE	PA	sucralfate
CARAFATE ORAL TABLET 1 GRAM	FE	PA	sucralfate
cimetidine oral tablet 300 mg, 400 mg, 800 mg	PG		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	NPB		misoprostol
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	FE	PA; ST; QL	dexlansoprazole dr
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	FE	PA; ST	dexlansoprazole dr
dexlansoprazole oral capsule,biphase delayed releas 30 mg	PG	ST; QL	
dexlansoprazole oral capsule,biphase delayed releas 60 mg	PG	ST	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	PG	QL	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	PG	ST; QL	
esomeprazole magnesium oral granules dr for susp in packet 40 mg	PG	ST	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	PG		
famotidine oral tablet 40 mg	PG		
KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	FE	PA; QL	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	PG		
lansoprazole oral tablet, disintegrat, delay rel 15 mg	PG	ST; QL	
lansoprazole oral tablet, disintegrat, delay rel 30 mg	PG	ST	
misoprostol oral tablet 100 mcg, 200 mcg	PG		
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	FE	PA; ST; QL	esomeprazole magnesium
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	FE	PA; ST	esomeprazole magnesium
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	FE	PA; ST; QL	esomeprazole magnesium
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	FE	PA; ST; QL	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	FE	PA; ST	esomeprazole magnesium
nizatidine oral capsule 150 mg, 300 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	NPB	QL	bismuth-metronidazole- tetracyc, lansoprazol- amoxicil-clarithro, TALICIA
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	PG	QL	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	PG		
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	PB	ST	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	PB	ST; QL	
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	PB	ST	
pantoprazole oral granules dr for susp in packet 40 mg	PG	ST	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	PG	QL	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	PG		
PEPCID ORAL TABLET 40 MG	NPB		famotidine
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	FE	PA; ST	lansoprazole
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	FE	PA; ST; QL	lansoprazole
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	FE	PA; ST	lansoprazole
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	FE	PA; ST; QL	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	FE	PA; ST	pantoprazole sodium
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	FE	PA; ST; QL	pantoprazole sodium

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	FE	PA; ST	pantoprazole sodium
PYLERA ORAL CAPSULE 140-125- 125 MG	FE	PA	bismuth-metronidazole- tetracyc
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	FE	PA; ST; QL	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	PG		
sucralfate oral suspension 100 mg/ml	PG		
sucralfate oral tablet 1 gram	PG		
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	PB	QL	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	FE	PA	bismuth-metronidazole- tetracyc, lansoprazol- amoxicil-clarithro, TALICIA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	FE	PA	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	FE	PA	bismuth-metronidazole- tetracyc, lansoprazol- amoxicil-clarithro, TALICIA
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	FE	PA; ST	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
ZEGERID ORAL PACKET 20-1,680 MG	FE	PA; ST; QL	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
ZEGERID ORAL PACKET 40-1,680 MG	FE	PA; ST	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ribavirin oral capsule 200 mg	PS	ST; LA	
ribavirin oral tablet 200 mg	PS	ST; LA	
BIOTECHNOLOGY DRUGS			
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG	FE	PA	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	FE	PA; ST; LA	PROCRIT, RETACRIT
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	FE	PA; ST; LA	PROCRIT, RETACRIT
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	NPS	PA; ST; QL	ILARIS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	FE	PA; ST; LA	PROCRIT, RETACRIT
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PS	PA; ST; QL; LA	
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE	PA; ST; QL	FULPHILA, ZIEXTENZO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	FE	PA; ST; LA	NIVESTYM
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE	PA; ST; LA	NIVESTYM
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	PS	PA; LA	
LEUKINE INJECTION RECON SOLN 250 MCG	PS	PA; LA	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	FE	PA; ST	PROCRIT, RETACRIT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MIRCERA INJECTION SYRINGE 120 MCG/0.3 ML	FE	PA	PROCRIT, RETACRIT
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	NPS	PA; LA	plerixafor
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	FE	PA; ST; QL; LA	FULPHILA, ZIEXTENZO
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE	PA; ST; QL; LA	FULPHILA, ZIEXTENZO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	FE	PA; ST; LA	NIVESTYM
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE	PA; ST; LA	NIVESTYM
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PS	PA; ST; LA	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PS	PA; ST; LA	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE	PA; ST; QL; LA	FULPHILA, ZIEXTENZO
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	NPS	PA; LA	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	PS	PA; ST; LA	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	NPS	PA; LA	
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	NPS		
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	FE	PA; ST; LA	NIVESTYM
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE	PA; ST; LA	NIVESTYM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	PS	PA; ST; LA	
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	FE	PA; QL	FULPHILA, ZIEXTENZO
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE	PA; QL; LA	FULPHILA, ZIEXTENZO
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	FE	PA; QL; LA	FULPHILA, ZIEXTENZO
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	FE	PA; ST; QL; LA	FULPHILA, ZIEXTENZO
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE	PA; ST; LA	NIVESTYM
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PS	PA; ST; QL; LA	
ZYNTGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	NPS	PA	
GROWTH HORMONES			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	PS	PA; LA	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	PS	PA; ST; LA	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PS	PA; ST; LA	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	FE	PA; ST; LA	GENOTROPIN, OMNITROPE
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	NPS	LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NORDITROPIN FLEXP RO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	FE	PA; ST; LA	GENOTROPIN, OMNITROPE
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	FE	PA; ST; LA	GENOTROPIN, OMNITROPE
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PS	PA; ST; LA	
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PS	PA; ST; LA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PS	PA; LA	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	FE	PA; LA	GENOTROPIN, OMNITROPE, NGENLA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	FE	PA; LA	GENOTROPIN, OMNITROPE, NGENLA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	FE	PA; ST; LA	GENOTROPIN, OMNITROPE
INTERFERONS			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PS	PA; LA	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	PB		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	FE	PA	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PS	QL; LA	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PS	QL; LA	
MULTIPLE SCLEROSIS AGENTS			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AUBAGIO ORAL TABLET 14 MG, 7 MG	FE	PA; ST; QL; LA	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PS	PA; ST; QL; LA	
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PS	PA; ST; QL; LA	
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	PS	PA; ST; QL; LA	
BETASERON SUBCUTANEOUS KIT 0.3 MG	PS	PA; ST; QL; LA	
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	FE	PA; LA	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	NPS	PA; ST; QL; LA	
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	PS	PA; ST; QL; LA	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	FE	PA; ST; QL; LA	AVONEX ADMINISTRATION PACK, BETASERON, PLEGRIDY, REBIF
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	FE	PA; ST; QL; LA	AVONEX ADMINISTRATION PACK, BETASERON, PLEGRIDY, REBIF
fingolimod oral capsule 0.5 mg	PS	PA; ST; QL; LA	
GILENYA ORAL CAPSULE 0.25 MG	FE	PA; QL	
GILENYA ORAL CAPSULE 0.5 MG	FE	PA; ST; QL; LA	
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	PS	PA; ST; QL; LA	
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	PS	PA; ST; QL; LA	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PS	PA; ST; QL; LA	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	NPS	PA; QL; LA	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; ST; QL; LA	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PS	PA; ST; QL; LA	
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PS	PA; ST; QL; LA	
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PS	PA; ST; QL; LA	
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	PS	PA; ST; QL; LA	
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	PS	PA; ST; QL; LA	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PS	PA; ST; QL; LA	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PS	PA; ST; QL; LA	
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	PS	PA; ST; QL; LA	
PONVORY ORAL TABLET 20 MG	PS	PA; ST; QL; LA	
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	PS	PA; ST; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PS	PA; ST; QL; LA	
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PS	PA; ST; QL; LA	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	FE	PA; QL; LA	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	FE	PA; ST; QL; LA	
teriflunomide oral tablet 14 mg, 7 mg	PS	PA; QL; LA	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PS	PA; ST; QL; LA	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS			
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	PB	ACA	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PB	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	PB	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	PB	ACA	
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	PB	ACA	
ASCENIV INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	PB		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PB	ACA	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	PB		
BIVIGAM INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	PB	ACA	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PB	ACA	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	FE	PA	AIMOVIG AUTOINJECTOR, AJOVY AUTOINJECTOR, EMGALITY, QULIPTA, DYSPORE, MYOBLOC, BROMI-LOTION
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	PB	ACA	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	PB	ACA	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	FE	PA; LA	GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	NPS	PA; LA	XEMBIFY

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	PB	ACA	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	FE	PA	DYSPORE, MYOBLOC
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	PB		
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	NPS	PA; LA	BOTOX
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PB	ACA	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PB	ACA	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PB	ACA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	NPS	PA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PB	ACA	
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	PB	ACA	
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PB	ACA	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PB	ACA	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	PS	PA	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	PS	PA	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	NPS	PA; LA	
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	NPS	PA; LA	
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	FE	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C, XEMBIFY
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	NPS	PA; LA	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	PB	ACA	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	NPB	ACA	ENGERIX-B, PREHEVBRIO, RECOMBIVAX HB
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	PB	ACA	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	NPS	PA; LA	XEMBIFY
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	NPS	PA; LA	XEMBIFY
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	NPS	PA; LA	GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PB		
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58- 10 LF-MCG-LF/0.5ML	PB	ACA	
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	PB	ACA	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	PB		
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	NPB	ACA	INFANRIX, PEDIARIX
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	NPB	ACA	MENACTRA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PB	ACA	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	PB	ACA	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PB	ACA	
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	PB	ACA	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	NPS	PA; LA	
NOVAVAX COVID 2023- 24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	PB	ACA	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	PS	PA	
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	FE	PA; QL	
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	FE	PA; QL	
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	FE	PA; QL	
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	FE	PA; QL	
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	FE	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	FE	PA; QL	
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	FE	PA; QL	
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	FE	PA; QL	
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	FE	PA; QL	
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	FE	PA; QL	
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	FE	PA; QL	
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	FE	PA; QL	
PANZYGA INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	PB	ACA	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	PB	ACA	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	PB	ACA	
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	PB	ACA	
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	PB	ACA	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PB	ACA	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PB	ACA	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	PB	ACA	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	PB	ACA	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	PB	ACA	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	PB	ACA	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PB		
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PB	ACA	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PB	ACA	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ROTATEQ VACCINE ORAL SOLUTION 2 ML	PB	ACA	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PB	ACA	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	PB	ACA	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PB	ACA	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	PB		
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	PB	ACA	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	NPB	ACA	TETANUS DIPHTHERIA TOXOIDS
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	NPB	ACA	TETANUS DIPHTHERIA TOXOIDS
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	PB		
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	PB		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	PB		
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PB	ACA	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PB	ACA	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	PB		
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	NPB	ACA	HAVRIX
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	NPB	ACA	HAVRIX
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PB	ACA	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	PB		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	NPB	ACA	DAPTACEL, PENTACEL, IPOL, HIBERIX, PEDVAXHIB, ENGERIX-B, RECOMBIVAX HB
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	NPB	ACA	DAPTACEL, PENTACEL, IPOL, HIBERIX, PEDVAXHIB, ENGERIX-B, RECOMBIVAX HB
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	PB		
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	NPS	PA; LA	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	FE	PA; LA	DYSPORT, MYOBLOC
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	PB		

IMMUNOLOGY

INTERLEUKINS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
imiquimod topical cream in metered-dose pump 3.75 %	PG		
imiquimod topical cream in packet 3.75 %, 5 %	PG		
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	FE	PA	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	FE	PA	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	FE	PA	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	FE	PA	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	FE	PA	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

allopurinol oral tablet 100 mg, 300 mg	PG		
ALLOPURINOL ORAL TABLET 200 MG	FE	PA	allopurinol
colchicine oral capsule 0.6 mg	PG	ST	
colchicine oral tablet 0.6 mg	PG		
COLCRYS ORAL TABLET 0.6 MG	FE	PA; ST	colchicine
febuxostat oral tablet 40 mg, 80 mg	PG	ST	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	NPS	PA; LA	
MITIGARE ORAL CAPSULE 0.6 MG	PB		
probenecid oral tablet 500 mg	PG		
probenecid-colchicine oral tablet 500-0.5 mg	PG		
ULORIC ORAL TABLET 40 MG, 80 MG	FE	PA; ST	febuxostat
ZYLOPRIM ORAL TABLET 100 MG	NPB		allopurinol

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	NPB	ST; QL	risedronate sodium
-----------------------------------	-----	--------	--------------------

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
alendronate oral solution 70 mg/75 ml	PG	QL	
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	PG	QL	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	NPB	ST; QL	risedronate sodium dr
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	NPB	ST; QL	alendronate sodium
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	FE	PA; QL; LA	alendronate sodium, ibandronate sodium, risedronate sodium, zoledronic acid, FORTEO, TYMLOS
EVISTA ORAL TABLET 60 MG	NPB		raloxifene hcl
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	PS	PA; QL; LA	
FOSAMAX ORAL TABLET 70 MG	NPB	ST; QL	alendronate sodium
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	NPB	ST; QL	alendronate sodium
ibandronate intravenous solution 3 mg/3 ml	NPS	PA; LA	
ibandronate intravenous syringe 3 mg/3 ml	NPS	PA; LA	
ibandronate oral tablet 150 mg	PG	QL	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	FE	PA; QL; LA	alendronate sodium, ibandronate sodium, risedronate sodium, zoledronic acid, FORTEO, TYMLOS
raloxifene oral tablet 60 mg	PG		
risedronate oral tablet 150 mg, 35 mg, 5 mg	PG	QL	
risedronate oral tablet, delayed release (dr/ec) 35 mg	PG	QL	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	NPS	PA; QL; LA	FORTEO, NATPARA, TYMLOS
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PS	PA; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OTHER RHEUMATOLOGICALS			
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE	PA; QL	
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE	PA; QL	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PS	PA; ST; QL; LA	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PS	PA; ST; LA	
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PS	PA; ST; QL; LA	
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	NPS	PA; QL; LA	
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	NPS	PA; QL; LA	
ADALIMUMAB-ADB SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NPS	PA; QL; LA	
ADALIMUMAB-ADB SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	NPS	PA; QL; LA	
ADALIMUMAB-ADB(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NPS	PA; QL; LA	
ADALIMUMAB-ADB(CF) PEN PS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NPS	PA; QL; LA	
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADB(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	FE	PA; QL; LA	AMJEVITA AUTOINJECTOR, ADALIMUMAB-ADAZ(CF) PEN, HUMIRA, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	FE	PA; QL; LA	AMJEVITA AUTOINJECTOR, ADALIMUMAB-ADAZ(CF), HUMIRA, ADALIMUMAB- ADBM(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
ARAVAL ORAL TABLET 10 MG, 20 MG	NPB	QL	leflunomide
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	PS	PA; LA	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PS	PA; QL; LA	
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PS	PA; QL; LA	
CUPRIMINE ORAL CAPSULE 250 MG	FE	PA	penicillamine
CYTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NPS	PA; QL; LA	
CYTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NPS	PA; QL; LA	
CYTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	NPS	PA; QL; LA	
CYTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	NPS	PA; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEPEN TITRATABS ORAL TABLET 250 MG	NPB		penicillamine
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PS	PA; ST; QL; LA	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PS	PA; ST; QL; LA	
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PS	PA; ST; QL; LA	
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PS	PA; ST; QL; LA	
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF) PEN, AMJEVITA AUTOINJECTOR, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PS	PA; ST; QL; LA	
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PS	PA; ST; QL; LA	
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PS	PA; ST; QL; LA	
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PS	PA; ST; QL; LA	
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	PS	PA; ST; QL; LA	
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PS	PA; ST; QL; LA	
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PS	PA; ST; QL; LA	
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PS	PA; ST; QL; LA	
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	PS	PA; ST; QL; LA	
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PS	PA; ST; QL; LA	
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	NPS	PA; QL; LA	
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	NPS	PA; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	FE	PA; QL	
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	FE	PA; QL	
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	NPS	PA; QL; LA	
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	NPS	PA; QL; LA	
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	NPS	PA; QL; LA	
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	FE	PA; QL; LA	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	FE	PA; ST; QL; LA	ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	FE	PA; ST; QL; LA	ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	FE	PA; ST; QL	ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	FE	PA	
leflunomide oral tablet 10 mg, 20 mg	PG	QL	
OLUMIANT ORAL TABLET 1 MG, 2 MG	FE	PA; ST; QL; LA	ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ
OLUMIANT ORAL TABLET 4 MG	FE	PA; ST; QL; LA	betamethasone valerate, clobetasol e, cyclosporine, dexamethasone, fluocinonide, methotrexate, prednisone
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	FE	PA; ST; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
OTEZLA ORAL TABLET 30 MG	PS	PA; ST; QL; LA	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PS	PA; ST; QL; LA	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	FE	PA; ST	RASUVO
penicillamine oral capsule 250 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
penicillamine oral tablet 250 mg	PG		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	PB	ST	
RIDAURA ORAL CAPSULE 3 MG	PB		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PS	PA; ST; QL; LA	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	PB	ST; QL	
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	PB	ST; QL	
SIMPONIA INTRAVENOUS SOLUTION 12.5 MG/ML	NPS	PA; ST; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, INFLECTRA, SIMPONI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	PS	PA; ST; QL; LA	
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; ST; QL; LA	
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	FE	PA; ST; QL; LA	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ
XELJANZ ORAL SOLUTION 1 MG/ML	PS	PA; ST; QL; LA	
XELJANZ ORAL TABLET 10 MG, 5 MG	PS	PA; ST; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PS	PA; ST; QL; LA	
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	FE	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PB	ACA	
DUREX AVANTI BARE REAL FEEL	NPB	ACA	
FC2 FEMALE CONDOM	PB	ACA	
FEMCAP VAGINAL DEVICE 22 MM	PB	ACA	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	PS	ACA	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	NPS	ACA; LA	KYLEENA, MIRENA, SKYLA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	PS	ACA	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PS	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PS	ACA	
TRUSTEX LUBRICATED CONDOMS DEVICE	PB	ACA	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	PB	ACA	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	NPB	ACA	
ESTROGENS & PROGESTINS			
ACTIVELLA ORAL TABLET 1-0.5 MG	NPB		estradiol-norethindrone acetat
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	PG		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	NPB		amabelz, estradiol- norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
BIJUVA ORAL CAPSULE 1-100 MG	FE	PA	amabelz, estradiol- norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
camila oral tablet 0.35 mg	PG	ACA	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	FE	PA; QL	COMBIPATCH
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	NPB	QL	estradiol
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	PB		
covaryx h.s. oral tablet 0.625-1.25 mg	PG		
covaryx oral tablet 1.25-2.5 mg	PG		
CRINONE VAGINAL GEL 4 %	FE	PA	medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone
deblitane oral tablet 0.35 mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	NPB		estradiol valerate
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	PB		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NPB	QL; ACA	medroxyprogesterone acetate
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	NPB	QL; ACA	medroxyprogesterone acetate
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	NPB	QL; ACA	medroxyprogesterone acetate
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	FE	PA; QL	estradiol
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	
DUAVEE ORAL TABLET 0.45-20 MG	PB		
eeemt hs oral tablet 0.625-1.25 mg	PG		
eeemt oral tablet 1.25-2.5 mg	PG		
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	FE	PA; QL	estradiol, estradiol
errin oral tablet 0.35 mg	PG	ACA	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	NPB		estradiol
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	FE	PA	estradiol
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PG		
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	PG	QL	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	PG		
estradiol vaginal tablet 10 mcg	PG		
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	PG		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PG		
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	FE	PA	estradiol, estradiol, yuvafem, PREMARIN
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	FE	PA; QL	estradiol, estradiol
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	PG		
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	FE	PA; QL	estradiol, estradiol
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	FE	PA	estradiol, estradiol, estradiol, yuvafem, PREMARIN
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PG		
heather oral tablet 0.35 mg	PG	ACA	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	FE	PA; QL	estradiol, estradiol, yuvafem, PREMARIN
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	FE	PA; QL	estradiol, estradiol, yuvafem, PREMARIN
incassia oral tablet 0.35 mg	PG	ACA	
jencycla oral tablet 0.35 mg	PG	ACA	
jinteli oral tablet 1-5 mg-mcg	PG		
lyleq oral tablet 0.35 mg	PG	ACA	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	
lyza oral tablet 0.35 mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
medroxyprogesterone intramuscular suspension 150 mg/ml	PG	QL; ACA	
medroxyprogesterone intramuscular syringe 150 mg/ml	PG	QL; ACA	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	PG		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	FE	PA	estradiol
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	NPB	QL	estradiol
mimvey oral tablet 1-0.5 mg	PG		
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	FE	PA; QL	estradiol
nora-be oral tablet 0.35 mg	PG	ACA	
norethindrone (contraceptive) oral tablet 0.35 mg	PG	ACA	
norethindrone acetate oral tablet 5 mg	PG		
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PG		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	FE	PA	estradiol
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	PB		
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	FE	PA	amabelz, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	FE	PA	amabelz, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
progesterone intramuscular oil 50 mg/ml	PS	LA	
progesterone micronized oral capsule 100 mg, 200 mg	PG		
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	NPB		progesterone

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	NPB		medroxyprogesterone acetate
sharobel oral tablet 0.35 mg	PG	ACA	
tulana oral tablet 0.35 mg	PG	ACA	
VAGIFEM VAGINAL TABLET 10 MCG	FE	PA	estradiol, yuvafem
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	FE	PA; QL	estradiol
yuvafem vaginal tablet 10 mcg	PG		
MISCELLANEOUS OB/GYN			
ANNOVERA VAGINAL RING 0.15- 0.013 MG/24 HOUR	NPB	QL; ACA	drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri- sprintec, xulane
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	NPB		
CLEOCIN VAGINAL CREAM 2 %	NPB		clindamycin phosphate
CLEOCIN VAGINAL SUPPOSITORY 100 MG	NPB		clindamycin phosphate, metronidazole, XACIATO
clindamycin phosphate vaginal cream 2 %	PG		
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	NPB		clindamycin phosphate, metronidazole, XACIATO
eluryng vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
enilloring vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
fem ph vaginal gel 0.9-0.025 %	PG		
GYNAZOLE-1 VAGINAL CREAM 2 %	NPB		terconazole
haloette vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
INTRAROSA VAGINAL INSERT 6.5 MG	FE	PA	estradiol, estradiol, yuvafem, PREMARIN

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	PG		
miconazole-3 vaginal suppository 200 mg	PG		
MYFEMBREE ORAL TABLET 40-1- 0.5 MG	PB		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PS	ACA; LA	
NUVARING VAGINAL RING 0.12- 0.015 MG/24 HR	FE	PA; ACA	EluRyng; etonogestrel/ethinyl estradiol vaginal ring
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	NPB		metronidazole, clindamycin phosphate, XACIATO
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	PB		
OSPHENA ORAL TABLET 60 MG	FE	PA	estradiol, estradiol, yuvafem, PREMARIN
PHEXXI VAGINAL GEL 1.8-1-0.4 %	FE	PA; QL; ACA	CAYA CONTOURED, CONDOM, FC2 FEMALE CONDOM, FEMCAP, gynol ii, VCF, TODAY CONTRACEPTIVE SPONGE
PREPIDIL VAGINAL GEL 0.5 MG/3 G	NPB		
RELAGARD VAGINAL GEL 0.9-0.025 %	NPB		fem ph
terconazole vaginal cream 0.4 %, 0.8 %	PG		
terconazole vaginal suppository 80 mg	PG		
tranexamic acid oral tablet 650 mg	PG		
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	PB		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	FE	PA; ACA	blisovi fe, etonogestrel-ethinyl estradiol, hailey fe, junel fe, xulane
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	PG		
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	PB	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	PB	ACA	
VEOZAH ORAL TABLET 45 MG	FE	PA	estradiol, estradiol, paroxetine mesylate
XACIATO VAGINAL GEL 2 %	PB		
xulane transdermal patch weekly 150-35 mcg/24 hr	PG	ACA	
zafemy transdermal patch weekly 150-35 mcg/24 hr	PG	ACA	
ORAL CONTRACEPTIVES & RELATED AGENTS			
afirmelle oral tablet 0.1-20 mg-mcg	PG	ACA	
after pill oral tablet 1.5 mg	PG	QL; ACA	
AFTERA ORAL TABLET 1.5 MG	NPB	QL; ACA	
altavera (28) oral tablet 0.15-0.03 mg	PG	ACA	
alyacen 1/35 (28) oral tablet 1-35 mg- mcg	PG	ACA	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
amethyst (28) oral tablet 90-20 mcg (28)	PG	ACA	
apri oral tablet 0.15-0.03 mg	PG	ACA	
aranelle (28) oral tablet 0.5/1/0.5-35 mg- mcg	PG	ACA	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
aubra eq oral tablet 0.1-20 mg-mcg	PG	ACA	
aubra oral tablet 0.1-20 mg-mcg	PG	ACA	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	PG	ACA	
aurovela 1/20 (21) oral tablet 1-20 mg- mcg	PG	ACA	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
aviane oral tablet 0.1-20 mg-mcg	PG	ACA	
ayuna oral tablet 0.15-0.03 mg	PG	ACA	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	FE	PA; ACA	joyeaux, levonorg-eth estrad-fe bisglyc
balziva (28) oral tablet 0.4-35 mg-mcg	PG	ACA	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	NPB	ACA	drospirenone-eth estra-levomef
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
briellyn oral tablet 0.4-35 mg-mcg	PG	ACA	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	PG	ACA	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	PG	ACA	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
chateal (28) oral tablet 0.15-0.03 mg	PG	ACA	
chateal eq (28) oral tablet 0.15-0.03 mg	PG	ACA	
cryselle (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
curae oral tablet 1.5 mg	PG	QL; ACA	
cyred eq oral tablet 0.15-0.03 mg	PG	ACA	
cyred oral tablet 0.15-0.03 mg	PG	ACA	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
dolishale oral tablet 90-20 mcg (28)	PG	ACA	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	PG	ACA	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PG	ACA	
econtra ez oral tablet 1.5 mg	PG	QL; ACA	
econtra one-step oral tablet 1.5 mg	PG	QL; ACA	
elinest oral tablet 0.3-30 mg-mcg	PG	ACA	
ELLA ORAL TABLET 30 MG	PB	QL; ACA	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
enskyce oral tablet 0.15-0.03 mg	PG	ACA	
estarylla oral tablet 0.25-35 mg-mcg	PG	ACA	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PG	ACA	
falmina (28) oral tablet 0.1-20 mg-mcg	PG	ACA	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
hailey fe 1.5/30 (28) oral tablet 1.5 mg- 30 mcg (21)/75 mg (7)	PG	ACA	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
hailey oral tablet 1.5-30 mg-mcg	PG	ACA	
her style oral tablet 1.5 mg	PG	QL; ACA	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
isibloom oral tablet 0.15-0.03 mg	PG	ACA	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
jasmiel (28) oral tablet 3-0.02 mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PG	ACA	
juleber oral tablet 0.15-0.03 mg	PG	ACA	
junel 1.5/30 (21) oral tablet 1.5-30 mg- mcg	PG	ACA	
junel 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
kaitlib fe oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)	PG	ACA	
kalliga oral tablet 0.15-0.03 mg	PG	ACA	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	PG	ACA	
kurvelo (28) oral tablet 0.15-0.03 mg	PG	ACA	
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
larin 1.5/30 (21) oral tablet 1.5-30 mg- mcg	PG	ACA	
larin 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
layolis fe oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)	PG	ACA	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	PG	ACA	
lessina oral tablet 0.1-20 mg-mcg	PG	ACA	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PG	ACA	
levonorgestrel oral tablet 1.5 mg	PG	QL; ACA	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	PG	ACA	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
levora-28 oral tablet 0.15-0.03 mg	PG	ACA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	FE	PA; ACA	blisovi fe, blisovi 24 fe, hailey fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	FE	PA; ACA	aurovela, hailey, junel, larin, microgestin, norethindrone-ethin estradiol
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	FE	PA; ACA	aurovela, hailey, junel, larin, microgestin, norethindrone-ethin estradiol
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	FE	PA; ACA	aurovela fe, blisovi fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron, tarina fe
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	FE	PA; ACA	aurovela fe, blisovi fe, junel fe, larin fe, microgestin fe, norethindrone-e.estradiol-iron, tarina fe
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	PG	ACA	
loryna (28) oral tablet 3-0.02 mg	PG	ACA	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
lo-zumandimine (28) oral tablet 3-0.02 mg	PG	ACA	
lutra (28) oral tablet 0.1-20 mg-mcg	PG	ACA	
marlissa (28) oral tablet 0.15-0.03 mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	PG	ACA	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
mili oral tablet 0.25-35 mg-mcg	PG	ACA	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	FE	PA; ACA	charlotte 24 fe, mibelas 24 fe, norethindrone-e.estradiol-iron
mono-linyah oral tablet 0.25-35 mg-mcg	PG	ACA	
my choice oral tablet 1.5 mg	PG	QL; ACA	
my way oral tablet 1.5 mg	PG	QL; ACA	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	FE	PA; ACA	blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, sprintec, tri-sprintec
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
new day oral tablet 1.5 mg	PG	QL; ACA	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	FE	PA; ACA	aurovela fe, blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, tri-sprintec, sprintec
nikki (28) oral tablet 3-0.02 mg	PG	ACA	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	PG	ACA	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PG	ACA	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	PG	ACA	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	PG	ACA	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
nymyo oral tablet 0.25-35 mg-mcg	PG	ACA	
ocella oral tablet 3-0.03 mg	PG	ACA	
opcicon one-step oral tablet 1.5 mg	PG	QL; ACA	
option-2 oral tablet 1.5 mg	PG	QL; ACA	
philith oral tablet 0.4-35 mg-mcg	PG	ACA	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	PB	QL; ACA	
portia 28 oral tablet 0.15-0.03 mg	PG	ACA	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	FE	PA; ACA	levonorg-eth estrad eth estrad, rivelsa
reclipsen (28) oral tablet 0.15-0.03 mg	PG	ACA	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	FE	PA; ACA	drosiprenone-eth estra-levomef, tydemy
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
SLYND ORAL TABLET 4 MG (28)	FE	PA; ACA	camila, deblitane, errin, heather, norethindrone acetate, norlyda, sharobel
sprintec (28) oral tablet 0.25-35 mg-mcg	PG	ACA	
sronyx oral tablet 0.1-20 mg-mcg	PG	ACA	
syeda oral tablet 3-0.03 mg	PG	ACA	
TAKE ACTION ORAL TABLET 1.5 MG	NPB	QL; ACA	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	FE	PA; ACA	gemmily, merzee, norethindrone-e.estradiol-iron, taysofy
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	PG	ACA	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	PG	ACA	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PG	ACA	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PG	ACA	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PG	ACA	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	PG	ACA	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	PG	ACA	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	PG	ACA	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PG	ACA	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	PG	ACA	
turqoz (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	FE	PA; ACA	altavera, aviane, falmina, lessina, levonorgestrel-eth estradiol, portia, vienva
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	PG	ACA	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	PG	ACA	
vestura (28) oral tablet 3-0.02 mg	PG	ACA	
vienva oral tablet 0.1-20 mg-mcg	PG	ACA	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
vyfemla (28) oral tablet 0.4-35 mg-mcg	PG	ACA	
vylibra oral tablet 0.25-35 mg-mcg	PG	ACA	
wera (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	PG	ACA	
YASMIN (28) ORAL TABLET 3-0.03 MG	FE	PA; ACA	drosiprenone-ethinyl estradiol, ocella, syeda, zarah, zumandimine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
YAZ (28) ORAL TABLET 3-0.02 MG	NPB	ACA	drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura
zarah oral tablet 3-0.03 mg	PG	ACA	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
zumandimine (28) oral tablet 3-0.03 mg	PG	ACA	
OXYTOCICS			
methylergonovine oral tablet 0.2 mg	PG	QL	
OPHTHALMOLOGY			
ANTIBIOTICS			
AZASITE OPHTHALMIC (EYE) DROPS 1 %	PB		
bacitracin ophthalmic (eye) ointment 500 unit/gram	PG		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	PG		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	FE	PA	ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	NPB		
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	FE	PA	ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	PG		
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	PG		
gatifloxacin ophthalmic (eye) drops 0.5 %	PG		
gentamicin ophthalmic (eye) drops 0.3 %	PG		
levofloxacin ophthalmic (eye) drops 1.5 %	PG		
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	NPB	ST	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
moxifloxacin ophthalmic (eye) drops 0.5 %	PG		
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	PG		
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	NPB	ST	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	NPB	ST	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	PB		
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g	PG		
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	PG		
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	PG		
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	NPB		ofloxacin
ofloxacin ophthalmic (eye) drops 0.3 %	PG		
polycin ophthalmic (eye) ointment 500- 10,000 unit/gram	PG		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	PG		
tobramycin ophthalmic (eye) drops 0.3 %	PG		
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	NPB		
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	NPB		tobramycin sulfate
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	NPB		moxifloxacin hcl
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	NPB		gatifloxacin

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTIVIRALS			
trifluridine ophthalmic (eye) drops 1 %	PG		
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	NPB		trifluridine
BETA-BLOCKERS			
betaxolol ophthalmic (eye) drops 0.5 %	PG		
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	FE	PA; ST	timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	NPB		betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate
carteolol ophthalmic (eye) drops 1 %	PG		
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	FE	PA; ST	timolol maleate
levobunolol ophthalmic (eye) drops 0.5 %	PG		
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	PG		
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	PG		
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	PG		
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	PG		
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	FE	PA; ST	timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	FE	PA; ST	timolol maleate
CHOLINESTERASE INHIBITOR MIOTICS			
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	PS		
CYCLOPLEGIC MYDRIATICS			
atropine ophthalmic (eye) drops 1 %	PG		
atropine ophthalmic (eye) ointment 1 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	FE	PA	atropine sulfate
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	NPB		cyclopentolate hcl
cyclopentolate ophthalmic (eye) drops 1 %	PG		
cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	PG		
homatropaire ophthalmic (eye) drops 5 %	PG		
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	NPB		tropicamide
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	NPB		
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	PG		
DIRECT ACTING MIOTICS			
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	NPB		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	PG		
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	FE	PA	
MISCELLANEOUS OPHTHALMOLOGICS			
acuicyn topical spray,non-aerosol 0.01 %	FE	PA	
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	NPB		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	NPB		proparacaine hcl
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	FE	PA; ST	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	FE	PA; ST	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
altacaine ophthalmic (eye) drops 0.5 %	PG		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	NPB		
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	FE	PA	
azelastine ophthalmic (eye) drops 0.05 %	PG		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	NPS	LA	EYLEA
bepotastine besilate ophthalmic (eye) drops 1.5 %	PG		
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	FE	PA; ST	bepotastine besilate
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	NPB		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	NPS	LA	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	NPB	ST; QL	cyclosporine, RESTASIS MULTIDOSE, XIIDRA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	NPS	LA	
cromolyn ophthalmic (eye) drops 4 %	PG		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	NPB		
cyclosporine ophthalmic (eye) dropperette 0.05 %	PG	ST; QL	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.37 %	FE	PA	CYSTARAN
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	PS	PA	
DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	NPB		
epinastine ophthalmic (eye) drops 0.05 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	NPB		
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	PG		
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	NPB		
KLARITY-A (AZITHRO- CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	NPB		
KLARITY-L (LOTEPRED- CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	NPB		
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	NPB	QL	cyclosporine, RESTASIS MULTIDOSE
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	FE	PA; LA	BYOOVIZ, CIMERLI
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	PS	PA; LA	
MYDRIATIC4(TROP-PROP-PE- KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	NPB		
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	NPB		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	PS	PA; LA	
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	NPB		
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	NPB		
PREDNISOL ACE-GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	NPB		
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	NPB		
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	NPB		
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	NPB		
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	NPB		
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	NPB		
proparacaine ophthalmic (eye) drops 0.5 %	PG		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	PB	ST; QL	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	NPB	ST; QL	cyclosporine
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	FE	PA	
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	FE	PA	
TETRACAIN HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	NPB		
tetracaine hcl ophthalmic (eye) drops 0.5 %	PG		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	NPB	PA	cyclosporine, RESTASIS MULTIDOSE, XIIDRA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	FE	PA; LA	EYLEA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	FE	PA; ST; QL	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	NPS	QL	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	PB	ST; QL	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	FE	PA; ST	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS			
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	NPB		ketorolac tromethamine
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	NPB		ketorolac tromethamine
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	FE	PA	bromfenac sodium, diclofenac sodium, ketorolac tromethamine
bromfenac ophthalmic (eye) drops 0.09 %	PG		
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	FE	PA	bromfenac sodium, diclofenac sodium, ketorolac tromethamine
diclofenac sodium ophthalmic (eye) drops 0.1 %	PG		
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	PG		
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	NPB		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	PG		
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE	PA	bromfenac sodium, diclofenac sodium, ketorolac tromethamine
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	NPB		bromfenac sodium, diclofenac sodium, ketorolac tromethamine

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORAL DRUGS FOR GLAUCOMA			
acetazolamide oral capsule, extended release 500 mg	PG		
acetazolamide oral tablet 125 mg, 250 mg	PG		
methazolamide oral tablet 25 mg, 50 mg	PG		
OTHER GLAUCOMA DRUGS			
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	FE	PA	brinzolamide
bimatoprost ophthalmic (eye) drops 0.03 %	PG		
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	NPB		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	PG		
brinzolamide ophthalmic (eye) drops,suspension 1 %	PG		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	NPB	ST	brimonidine tartrate-timolol
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	FE	PA; ST	dorzolamide-timolol
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	FE	PA; ST	dorzolamide-timolol
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	NPB		
dorzolamide ophthalmic (eye) drops 2 %	PG		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	PG		
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	NPB		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	PG		
DURYSTA INTRACAMERAL IMPLANT 10 MCG	FE	PA; LA	bimatoprost, latanoprost, tafluprost, travoprost
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	FE	PA	latanoprost

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
latanoprost ophthalmic (eye) drops 0.005 %	PG		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	NPB	ST	bimatoprost, latanoprost, tafluprost, travoprost
miostat intraocular solution 0.01 %	PG		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	FE	PA; ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	FE	PA; ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	NPB		brimonidine tartrate, brinzolamide, dorzolamide-timolol
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	PG	ST	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	NPB		
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	FE	PA; ST	travoprost
travoprost ophthalmic (eye) drops 0.004 %	PG		
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	NPB	ST	bimatoprost, latanoprost, tafluprost, travoprost
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	FE	PA; ST	latanoprost
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	FE	PA; ST	bimatoprost, latanoprost, tafluprost, travoprost
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	FE	PA; ST	tafluprost
STEROID-ANTIBIOTIC COMBINATIONS			
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML- 10,000 UNIT/ML-0.1 %	NPB		neo/polymyxin/dexamethason e
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	NPB		neo/polymyxin/dexamethason e
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg- unit/g-1%	PG		
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	PG		
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %	PG		
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	PG		
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	PG		
PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	NPB		
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	NPB		
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	NPB		tobramycin-dexamethasone
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	FE	PA	tobramycin-dexamethasone
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	PG		
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	FE	PA	tobramycin-dexamethasone
STERIODS			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	FE	PA; ST	azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	NPB		
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	NPB		
difluprednate ophthalmic (eye) drops 0.05 %	PG		
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	FE	PA; ST	difluprednate
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	NPB	QL	loteprednol etabonate, artificial tears
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE	PA; ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	PG		
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	FE	PA; ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	NPB	ST	fluorometholone
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	NPS	LA	OZURDEX
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	NPB	ST	loteprednol etabonate
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	NPB		loteprednol etabonate
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	NPB	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	NPB	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	PG		
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	PG		
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE	PA; ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	PS	LA	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB		prednisolone acetate
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	FE	PA; ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB		
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	PG		
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	PG		
RETISERT INTRAVITREAL IMPLANT 0.59 MG	NPS	LA	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	NPS		OZURDEX
STEROID-SULFONAMIDE COMBINATIONS			
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	PG		
SULFONAMIDES			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sulfacetamide sodium ophthalmic (eye) drops 10 %	PG		
sulfacetamide sodium ophthalmic (eye) ointment 10 %	PG		
SYMPATHOMIMETICS			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	NPB	ST	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	NPB	ST	brimonidine tartrate
apraclonidine ophthalmic (eye) drops 0.5 %	PG		
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	PG		
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	NPB	ST	brimonidine tartrate
VASOCONSTRICTOR DECONGESTANTS			
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	NPB		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	PG		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	FE	PA	
RESPIRATORY, ALLERGY, COUGH & COLD			
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS			
ADYPHREN AMP II INJECTION KIT 1 MG/ML	FE	PA	epinephrine, epinephrine
ADYPHREN AMP INJECTION KIT 1 MG/ML	FE	PA	epinephrine, epinephrine
ADYPHREN II INJECTION KIT 1 MG/ML	FE	PA	epinephrine, epinephrine
ADYPHREN INJECTION KIT 1 MG/ML	FE	PA	epinephrine, epinephrine
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	PB	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
carbinoxamine maleate oral liquid 4 mg/5 ml	PG		
carbinoxamine maleate oral tablet 4 mg, 6 mg	PG		
CLARINEX ORAL TABLET 5 MG	NPB	QL	desloratadine
clemastine oral syrup 0.5 mg/5 ml	FE	PA	clemastine tablets, diphenhydramine, chlorpheniramine, carbinoxamine, hydroxyzine, cetirizine
clemastine oral tablet 2.68 mg	PG		
cyproheptadine oral syrup 2 mg/5 ml	PG		
cyproheptadine oral tablet 4 mg	PG		
desloratadine oral tablet 5 mg	PG	QL	
desloratadine oral tablet, disintegrating 2.5 mg, 5 mg	PG	QL	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	FE	PA	chlorpheniramine AND loratadine, fexofenadine or cetirizine (including OTC)
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML	FE	PA	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	FE	PA; QL	epinephrine (by Amneal), AUVI-Q, AUVI-Q, EPIPEN JR.
epinephrine injection auto-injector 0.15 mg/0.3 ml	PG	QL	epinephrine (by TEVA, Mylan)
epinephrine injection auto-injector 0.3 mg/0.3 ml	PG	QL	epinephrine (by TEVA, Amneal, Avkare, Mylan)
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	FE	PA	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	FE	PA	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	FE	PA	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	PB	QL	
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	PB	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hydroxyzine hcl oral solution 10 mg/5 ml	PG		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG		
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	PG		
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	NPB		carbinoxamine
promethazine oral syrup 6.25 mg/5 ml	PG		
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	PG		
promethazine rectal suppository 12.5 mg, 25 mg	PG		
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PG		
RYCLORA ORAL SOLUTION 2 MG/5 ML	NPB		dexchlorpheniramine maleate
RYVENT ORAL TABLET 6 MG	NPB		carbinoxamine
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	PB	QL	
VISTARIL ORAL CAPSULE 25 MG	NPB		hydroxyzine pamoate
COUGH & COLD THERAPY			
benzonatate oral capsule 100 mg, 150 mg, 200 mg	PG		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	NPB		bromipheniramin-pseudoephed-dm
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	PG		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	NPB		promethazine vc w/codeine
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NPB	QL	desloratadine, fexofenadine-pse er
codeine-guaifenesin oral liquid 10-100 mg/5 ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	NPB		g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	NPB		guaifenesin dac, LORTUSS EX, virtussin dac
g tussin ac oral liquid 10-100 mg/5 ml	PG		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	NPB		promethazine vc w/codeine
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	NPB		hydrocodone/homatropine
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	NPB		hydrocodone/homatropine
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	PG		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	PG		
hydrocodone-homatropine oral tablet 5-1.5 mg	PG		
hydromet oral syrup 5-1.5 mg/5 ml	PG		
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	NPB		g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
maxi-tuss ac oral liquid 10-100 mg/5 ml	PG		
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	NPB		
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	NPB		g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	NPB		
promethazine vc oral syrup 6.25-5 mg/5 ml	PG		
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
promethazine-codeine oral syrup 6.25-10 mg/5 ml	PG		
promethazine-dm oral syrup 6.25-15 mg/5 ml	PG		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90- 0.24 MG	NPB		
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	NPB		
PULMONARY AGENTS			
ACCOLATE ORAL TABLET 10 MG, 20 MG	NPB		zafirlukast
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	PG		
ADCIRCA ORAL TABLET 20 MG	FE	PA; ST; QL; LA	tadalafil
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PS	PA; QL; LA	
ADRENALIN NASAL SOLUTION 1 MG/ML	NPB		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	NPB	QL	fluticasone-salmeterol, wixela inhub
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	PB	QL	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NPB	QL	breyna, budesonide- formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	FE	PA; QL	breyna, budesonide- formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	FE	PA	albuterol sulfate hfa, breyna, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX, DULERA, QVAR REDIHALER
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	PG		
albuterol sulfate oral syrup 2 mg/5 ml	PG		
albuterol sulfate oral tablet 2 mg, 4 mg	PG		
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	PG		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	FE	PA; QL	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
alyq oral tablet 20 mg	PS	PA; ST; QL	
ambrisentan oral tablet 10 mg, 5 mg	PS	PA; ST; QL; LA	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	PB	QL	
arformoterol inhalation solution for nebulization 15 mcg/2 ml	PG	QL	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	FE	PA; QL	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PB	QL	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PB	QL	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	PB	QL	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	NPB	QL	budesonide-formoterol fumarate, fluticasone- salmeterol, tiotropium bromide, ANORO ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT
azelastine-fluticasone nasal spray,non- aerosol 137-50 mcg/spray	PG	ST; QL	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	FE	PA; ST; QL; LA	CINRYZE, RUCONEST
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	FE	PA; QL	ANORO ELLIPTA, STIOLTO RESPIMAT
bosentan oral tablet 125 mg, 62.5 mg	PS	PA; ST; QL; LA	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	PB	QL	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	PB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	PG	QL	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	PB	QL	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NPS	LA	nebulasal, pulmosal, sodium chloride
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	NPB	QL	arformoterol tartrate
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	PG	QL	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	PG	QL	
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	FE	PA; ST	DUPIXENT, FASENRA, NUCALA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	PS	PA; ST; QL; LA	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	PB	QL	
cromolyn inhalation solution for nebulization 20 mg/2 ml	PG		
DALIRESP ORAL TABLET 250 MCG	FE	PA; QL	roflumilast
DALIRESP ORAL TABLET 500 MCG	FE	PA	roflumilast
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	FE	PA; QL	ANORO ELLIPTA, STIOLTO RESPIMAT
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	PB	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	NPB	ST; QL	azelastine-fluticasone
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	NPB		theophylline anhydrous
epinephrine hcl nasal solution 1 mg/ml	PG		
ESBRIET ORAL CAPSULE 267 MG	FE	PA; QL; LA	pirfenidone
ESBRIET ORAL TABLET 267 MG, 801 MG	FE	PA; QL; LA	pirfenidone
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PS	PA; ST; QL; LA	
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	PS	PA; ST; QL; LA	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	FE	PA; ST; QL; LA	icatibant
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	FE	PA; QL	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	FE	PA; QL	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	PG	ST; QL	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	FE	PA; QL	breyna, budesonide-formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	FE	PA; QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	FE	PA; QL	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
fluticasone propionate nasal spray,suspension 50 mcg/actuation	PG	QL	
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	FE	PA; QL	breyna, budesonide- formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	PG	ST; QL	
FLUTICASONE PROPION- SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	FE	PA; QL	breyna, budesonide- formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	PG	QL	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	NPS	PA; ST; QL; LA	CINRYZE, TAKHZYRO
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	NPB		sodium chloride
icatibant subcutaneous syringe 30 mg/3 ml	PS	PA; ST; QL	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	FE	PA; QL	tiotropium bromide, SPIRIVA RESPIMAT, SPIRIVA
ipratropium bromide inhalation solution 0.02 %	PG		
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	PG	QL	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	NPS	PA; ST; QL; LA	icatibant
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	NPS	PA; QL; LA	
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	NPS	PA; LA	
KALYDECO ORAL TABLET 150 MG	NPS	PA; QL; LA	
LETAIRIS ORAL TABLET 10 MG, 5 MG	FE	PA; ST; QL; LA	ambrisentan
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	PG		
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
LIQREV ORAL SUSPENSION 10 MG/ML	FE	PA; QL; LA	sildenafil citrate, tadalafil
mometasone nasal spray,non-aerosol 50 mcg/actuation	PG	ST; QL	
montelukast oral granules in packet 4 mg	PG		
montelukast oral tablet 10 mg	PG		
montelukast oral tablet,chewable 4 mg, 5 mg	PG		
nebusal inhalation solution for nebulization 3 %	PG		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	NPB		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PS	PA; ST; QL; LA	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PS	PA; ST; QL; LA	
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; ST; QL; LA	
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PS	PA; ST; QL	
OFEV ORAL CAPSULE 100 MG, 150 MG	PS	PA; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	FE	PA; ST; QL	flunisolide, fluticasone propionate, mometasone furoate
OPSUMIT ORAL TABLET 10 MG	PS	PA; ST; QL; LA	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PS	PA; QL; LA	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PS	PA; QL; LA	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	NPS	PA; ST; QL	TAKHZYRO
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	FE	PA; QL	formoterol fumarate
pirfenidone oral capsule 267 mg	PS	PA; QL; LA	
pirfenidone oral tablet 267 mg, 801 mg	PS	PA; QL; LA	
PIRFENIDONE ORAL TABLET 534 MG	FE	PA; QL	pirfenidone, OFEV
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	FE	PA; QL	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	FE	PA; QL	budesonide

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pulmosal inhalation solution for nebulization 7 %	PG		
PULMOZYME INHALATION SOLUTION 1 MG/ML	PS	PA; LA	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	FE	PA; ST; QL	flunisolide, fluticasone propionate, mometasone furoate
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	PB	QL	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	NPS	PA; LA	sildenafil citrate
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	NPS	PA; ST; QL; LA	sildenafil citrate
REVATIO ORAL TABLET 20 MG	NPS	PA; ST; QL; LA	sildenafil citrate
roflumilast oral tablet 250 mcg	PG	PA; QL	
roflumilast oral tablet 500 mcg	PG	PA	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	PS	PA; ST; QL; LA	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	NPB	ST; QL	azelastine hcl, azelastine-fluticasone, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl
sajazir subcutaneous syringe 30 mg/3 ml	PS	PA; ST; QL; LA	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	FE	PA; QL	STRIVERDI RESPIMAT
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	PS	PA; LA	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	PS	PA; ST; QL; LA	
sildenafil (pulm.hypertension) oral tablet 20 mg	PS	PA; QL; LA	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	FE	PA	montelukast sodium
SINGULAIR ORAL TABLET 10 MG	FE	PA	montelukast sodium

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	FE	PA	montelukast sodium
SINUVA SINUS IMPLANT 1,350 MCG	NPS		
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	PG		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	PB	QL	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	PB	QL	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	PB	QL	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	PB	QL	SEREVENT DISKUS
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	NPB	QL	breyna, budesonide- formoterol fumarate
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PS	PA; QL; LA	
tadalafil (pulm. hypertension) oral tablet 20 mg	PS	PA; ST; QL; LA	
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	FE	PA; ST; LA	sildenafil citrate, tadalafil
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	PS	PA; ST; QL; LA	
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; QL; LA	
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	PS	PA; ST; QL; LA	
terbutaline oral tablet 2.5 mg, 5 mg	PG		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	NPS	PA; QL; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	NPS	PA; QL; LA	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	NPB		theophylline anhydrous
theophylline oral elixir 80 mg/15 ml	PG		
theophylline oral solution 80 mg/15 ml	PG		
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	PG		
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	PG		
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	FE	PA	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	PG	ST	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	NPS	PA; ST; QL; LA	bosentan
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	PS	PA; QL; LA	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	PB	QL	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	NPS	PA; QL; LA	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PS	PA; QL; LA	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	FE	PA; QL	tiotropium bromide, SPIRIVA RESPIMAT, SPIRIVA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	NPS	PA; LA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PS	PA; LA	
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PS	PA; LA	
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PS	PA; LA	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	NPS	PA; ST; LA	TYVASO
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	PG	ST; QL	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	NPB	ST; QL	flunisolide, fluticasone propionate, mometasone furoate
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PS	PA; QL; LA	
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	PS	PA; QL; LA	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	FE	PA; QL	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	PB	QL	
zafirlukast oral tablet 10 mg, 20 mg	PG		
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	FE	PA; ST; QL	flunisolide, fluticasone propionate, mometasone furoate
zileuton oral tablet, er multiphase 12 hr 600 mg	PG	ST	
ZYFLO ORAL TABLET 600 MG	NPB	ST	zileuton, montelukast sodium, zafirlukast

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
UROLOGICALS			
ANTICHOLINERGICS & ANTISPASMODICS			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	PG		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	FE	PA; ST	tolterodine tartrate er
DETROL ORAL TABLET 1 MG, 2 MG	FE	PA; ST	tolterodine tartrate
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	PG		
flavoxate oral tablet 100 mg	PG		
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	PB	QL	
GEMTESA ORAL TABLET 75 MG	NPB		darifenacin er, fesoterodine fumarate er, oxybutynin chloride er, tolterodine tartrate er, trospium chloride, MYRBETRIQ
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	PB		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	PB		
oxybutynin chloride oral syrup 5 mg/5 ml	PG		
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	FE	PA	darifenacin er, fesoterodine fumarate er, oxybutynin chloride, tolterodine tartrate er, trospium chloride, MYRBETRIQ
oxybutynin chloride oral tablet 5 mg	PG		
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	NPB	ST; QL	fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ
solifenacin oral tablet 10 mg, 5 mg	PG		
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	PG		
tolterodine oral tablet 1 mg, 2 mg	PG		
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	FE	PA; ST	fesoterodine fumarate er
trospium oral capsule,extended release 24hr 60 mg	PG		
trospium oral tablet 20 mg	PG		
VESICARE LS ORAL SUSPENSION 1 MG/ML	FE	PA; ST	oxybutynin chloride, MYRBETRIQ
VESICARE ORAL TABLET 10 MG, 5 MG	FE	PA; ST	solifenacin succinate
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY			
alfuzosin oral tablet extended release 24 hr 10 mg	PG		
AVODART ORAL CAPSULE 0.5 MG	FE	PA; ST	dutasteride
dutasteride oral capsule 0.5 mg	PG	ST	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	PG	ST	
ENTADFI ORAL CAPSULE 5-5 MG	FE	PA; ST; QL	finasteride, tadalafil
finasteride oral tablet 5 mg	PG		
FLOMAX ORAL CAPSULE 0.4 MG	NPB		tamsulosin hcl
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	NPB	ST	dutasteride-tamsulosin
PROSCAR ORAL TABLET 5 MG	NPB	ST	finasteride
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	FE	PA	silodosin
silodosin oral capsule 4 mg, 8 mg	PG		
tamsulosin oral capsule 0.4 mg	PG		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	FE	PA	alfuzosin hcl er
CHOLINERGIC STIMULANTS			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	PG		
MISCELLANEOUS UROLOGICALS			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	PS		
ELMIRON ORAL CAPSULE 100 MG	PB		
K-PHOS NO 2 ORAL TABLET 305- 700 MG	NPB		phospha 250 neutral, K-PHOS ORIGINAL
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	PB		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	PG		
ORACIT ORAL SOLUTION 490-640 MG/5 ML	NPB		sodium citrate & citric acid
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	NPS	PA	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	PG		
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	FE	PA; ST; LA	CYSTAGON
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	FE	PA; ST; LA	CYSTAGON
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG- 980.4MG/30ML	PB		
URELLE ORAL TABLET 81-10.8-40.8 MG	NPB		phosphasal, uretron d-s
uretron d-s oral tablet 81.6-10.8-40.8 mg	PG		
URIBEL ORAL CAPSULE 118-10- 40.8-36 MG	NPB		uro-mp, uro-sp
URIMAR-T ORAL CAPSULE 120- 10.8-40.8 MG	FE	PA	uro-mp, uro-sp

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
urimar-t oral tablet 120-10.8-0.12 mg	PG		
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	FE	PA	uro-mp, uro-sp
uro-458 oral tablet 81-10.8-40.8 mg	PG		
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	NPB		potassium citrate er
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	NPB		potassium citrate er
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	NPB		potassium citrate er
urogesic-blue oral tablet 81.6-40.8-0.12 mg	PG		
uro-mp oral capsule 118-10-40.8-36 mg	PG		
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	NPB		methenamine mandelate
uro-sp oral capsule 118-10-40.8-36 mg	PG		
uryl oral tablet 81.6-40.8-0.12 mg	PG		
URINARY ANESTHETICS			
phenazopyridine oral tablet 100 mg, 200 mg	PG		
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	FE	PA	phenazopyridine hcl
VITAMINS, HEMATINICS & ELECTROLYTES			
ELECTROLYTES			
calcium acetate(phosphat bind) oral capsule 667 mg	PG		
calcium acetate(phosphat bind) oral tablet 667 mg	PG		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	NPB		effer-k, klor-con-ef
effer-k oral tablet, effervescent 25 meq	PG		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	NPB		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
klor-con 10 oral tablet extended release 10 meq	PG		
klor-con 8 oral tablet extended release 8 meq	PG		
klor-con m10 oral tablet,er particles/crystals 10 meq	PG		
klor-con m15 oral tablet,er particles/crystals 15 meq	PG		
klor-con m20 oral tablet,er particles/crystals 20 meq	PG		
klor-con oral packet 20 meq	PG		
klor-con/ef oral tablet, effervescent 25 meq	PG		
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	NPB		
lugols oral solution 5 %	PG		
POKONZA ORAL PACKET 10 MEQ	FE	PA	
potassium chloride oral capsule, extended release 10 meq, 8 meq	PG		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	PG		
potassium chloride oral packet 20 meq	PG		
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	PG		
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	PG		
strong iodine oral solution 5 %	PG		
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	NPS	PA; LA	
VITAMINS & HEMATINICS			
AZESCO ORAL TABLET 13 MG IRON- 1 MG	FE	PA	m-natal plus, prenatal tabs rx, prenatal plus, se-natal 19, westab plus

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
b complex 1 (with folic acid) oral tablet 0.4 mg	PG	ACA	
b complex-vitamin c-folic acid oral tablet 400 mcg	PG	ACA	
balanced b-100 oral tablet 0.4 mg	PG	ACA	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	NPB		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg	PG		
b-complex with vitamin c oral tablet 400-500 mcg-mg	PG	ACA	
cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)	PG		
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	PG		
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
classic prenatal oral tablet 28 mg iron-800 mcg	PG	ACA	
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	PG		
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	PG		
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
dialyvite 800 oral tablet 0.8 mg	PG	ACA	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	NPB		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
ferocon oral capsule 110-0.5 mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PG	ACA	
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	PG	ACA	
folic acid oral tablet 400 mcg, 800 mcg	PG	ACA	
folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg	PG	ACA	
foltabs 800 oral tablet 0.8-10-115 mg-mcg	PG	ACA	
full spectrum b-vitamin c oral tablet 0.8 mg	PG	ACA	
kobee oral tablet 0.4 mg	PG	ACA	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	PG	ACA	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
m-natal plus oral tablet 27 mg iron- 1 mg	PG		
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	PG	ACA	
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
Mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
mynatal oral capsule 65 mg iron- 1 mg	PG		
mynatal plus oral tablet 65 mg iron- 1 mg	PG		
mynatal-z oral tablet 65 mg iron- 1 mg	PG		
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, prenatal plus, se-natal 19, se-natal 19, westab plus
NEONATAL COMPLETE ORAL TABLET 29-1 MG	NPB		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
nephronex-sl oral tablet,disintegrating 800-2,000 mcg-unit	PG	ACA	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG- 180 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG- 230MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
NESTABS ORAL TABLET 32-1,000 MG-MCG	NPB		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
newgen oral tablet 32-1,000 mg-mcg	PG		
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	NPB		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON- 1 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
one daily prenatal oral combo pack 28- 800-440 mg-mcg-mg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG	FE	PA	m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus
pnv-select oral tablet 27-1 mg	PG		
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	PG		
pr natal 400 oral combo pack 29-1-400 mg	PG		
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	PG		
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	PG		
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG	FE	PA	complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PREGENNA ORAL TABLET 20 MG IRON- 1 MG	FE	PA	m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus
prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg	PG		
prenal pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg	PG		
prenal true oral combo pack 30 mg iron-1.4 mg-300 mg	PG		
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus
prenatabs fa oral tablet 29-1 mg	PG		
prenatabs rx oral tablet 29 mg iron- 1 mg	PG		
prenatal complete oral tablet 14 mg iron-400 mcg	PG	ACA	
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	PG	ACA	
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal one daily oral tablet 27 mg iron-800 mcg	PG	ACA	
prenatal oral tablet 28 mg iron- 800 mcg	PG	ACA	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	PG		
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
prenatal plus oral tablet 29 mg iron- 1 mg	PG		
PRENATAL PLUS VITAMIN- MINERAL ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	PG	ACA	
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	PG	ACA	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG - 300 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRIMACARE ORAL CAPSULE 30-1- 300 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
rena-vite oral tablet 0.8 mg	PG	ACA	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	PG		
se-natal-19 oral tablet 29 mg iron- 1 mg	PG		
stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron	PG	ACA	
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	PG	ACA	
super b maxi complex oral tablet 0.4 mg	PG	ACA	
super quints oral tablet 0.4 mg	PG	ACA	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
TRICARE ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
tricon oral capsule 110-0.5 mg	PG	ACA	
trinatal rx 1 oral tablet 60 mg iron-1 mg	PG		
trinate oral tablet 28 mg iron- 1 mg	PG		
TRINAZ ORAL TABLET 12-1 MG	FE	PA	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	PG	ACA	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL-OB ORAL TABLET 65-1 MG	NPB		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	NPB		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
vitamin b complex-folic acid oral tablet 0.4 mg	PG	ACA	
vitamin d3 oral tablet 10 mcg (400 unit)	PG		
vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	PG		
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	PG	ACA	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	NPB		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	NPB		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg	PG		
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	PG		
westab plus oral tablet 27 mg iron- 1 mg	PG		
westgel dha oral capsule 31 mg iron- 1 mg-200 mg	PG		
ZALVIT ORAL TABLET 13 MG IRON- 1 MG	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG	FE	PA	m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. For questions, please call VIVA HEALTH Customer Service Monday through Friday from 8 a.m.-5 p.m. at (205) 558-7474 or 1-(800) 294-7780.

Index

A		
abacavir	5	
abacavir-lamivudine	5	
ABECMA	31	
ABELCET	3	
ABILIFY	91	
ABILIFY MYCITE MAINTENANCE KIT	91	
ABILIFY MYCITE STARTER KIT	91	
abiraterone	31	
ABRAXANE	31	
ABRILADA(CF)	232	
ABRILADA(CF) PEN	232	
ABRYSVO	220	
ABSORICA	144	
ABSORICA LD	144	
acamprosate	169	
ACANYA	144	
acarbose	191	
ACCOLATE	272	
ACCUPRIL	108	
ACCURETIC	108	
accutane	145	
acebutolol	108	
acetaminophen-caff-dihydrocod	75	
acetaminophen-codeine	75	
acetazolamide	263	
acetic acid	169, 177	
acetylcysteine	272	
ACIOXIA	160	
ACIOXIAY	145	
ACIPHEX	210	
acitretin	134	
ACTEMRA	232	
ACTEMRA ACTPEN	232	
ACTHAR	178	
ACTHIB (PF)	220	
ACTICLATE	27	
ACTIMMUNE	217	
ACTIVELLA	240	
ACTIVE-PAC	56	
ACTONEL	230	
ACTOPLUS MET	191	
ACTOS	191	
acuicycyn	258	
ACULAR	262	
ACULAR LS	262	
ACUVAIL (PF)	262	
acyclovir	5, 160	
acyclovir sodium	5	
ACZONE	145	
ADACEL(TDAP ADOLESN/ADULT)(PF)	220	
ADAINZDE	145	
ADAINZOXIA	145	
ADAKVEO	31	
ADALIMUMAB-ADAZ	232	
ADALIMUMAB-ADB	232	
ADALIMUMAB-ADB(CF) PEN CROHNS	232	
ADALIMUMAB-ADB(CF) PEN PS-UV	232	
ADALIMUMAB-FKJP	232, 233	
adapalene	145	
ADAPALENE	145	
adapalene-benzoyl peroxide	145	
ADASUVE	91	
ADBRY	140	
ADCETRIS	32	
ADCIRCA	272	
ADDERALL	91	
ADDERALL XR	91	
adefovir	5	
ADEINZDE	145	
ADEMPAS	272	
ADLARITY	70	
ADMELOG SOLOSTAR U- 100 INSULIN	181	
ADMELOG U-100 INSULIN LISPRO	181	
ADRENALIN	272	
ADRIAMYCIN	32	
adrucil	32	
ADTHYZA	195	
ADUHELM	70	
adult aspirin regimen	81	
ADVAIR DISKUS	272	
ADVAIR HFA	272	
ADVANCED ALLERGY COLLECT KIT	160	
ADVATE	121	
ADYNOVATE	121	
ADYPHREN	268	
ADYPHREN AMP	268	
ADYPHREN AMP II	268	
ADYPHREN II	268	
ADZENYS XR-ODT	91	
AEMCOLO	17	
AFINITOR	32	
AFINITOR DISPERZ	32	
afirmelle	246	
AFLURIA QD 2023-24(3YR UP)(PF)	220	
AFLURIA QUAD 2023- 2024(6MO UP)	220	
AFREZZA	181	
AFSTYLA	121	
after pill	246	
AFTERA	246	
AGONEAZE	153	
AGRYLIN	169	
AIMOVIG AUTOINJECTOR	67	
AIRDUO DIGIHALER	272	
AIRDUO RESPICLICK	273	
AIRSUPRA	273	
AJOVY AUTOINJECTOR	67	
AJOVY SYRINGE	67	
AKEEGA	32	
AKLIEF	145	
AKTEN (PF)	258	
AKYNZEO (NETUPITANT)	200	
ALA-SCALP	160	
albendazole	17	
albuterol sulfate	273	
ALCAINE	258	
alclometasone	160	
ALCORTIN A	156	
ALDACTONE	109	
ALDURAZYME	187	
ALECENSA	32	
alendronate	231	
ALFERON N	217	
alfuzosin	285	
ALIMTA	32	
ALINIA	17	
ALIQOPA	32	
aliskiren	109	
ALKERAN	32	
ALKERAN (AS HCL)	32	
ALKINDI SPRINKLE	178	
allopurinol	230	

ALLOPURINOL.....	230	amitriptyline-chlordiazepoxide	92	APIDRA U-100 INSULIN...	182
almotriptan malate.....	67	.....	92	APLENZIN.....	92
ALOCRI.....	258	AMJEVITA(CF).....	233	APOKYN.....	64
ALOGLIPTIN.....	191	AMJEVITA(CF)		apomorphine.....	64
ALOGLIPTIN-METFORMIN		AUTOINJECTOR.....	233	apraclonidine.....	268
.....	191	amlodipine.....	109	aprepitant.....	201
ALOGLIPTIN-		amlodipine-atorvastatin.....	128	APRETUDE.....	5
PIOGLITAZONE.....	191	amlodipine-benazepril.....	109	apri.....	246
ALOMIDE.....	258	amlodipine-olmesartan.....	109	APRISO.....	201
alosetron.....	200	amlodipine-valsartan.....	109	APRIZIO PAK.....	153
ALPHAGAN P.....	268	amlodipine-valsartan-hcthiazid		APTENSIO XR.....	92
ALPHANATE.....	121	.....	109	APTIOM.....	56
ALPHANINE SD.....	121	amnesteem.....	145	APTIVUS.....	5
alprazolam.....	91	AMONDYS-45.....	70	ARAKODA.....	17
alprazolam intensol.....	91	amoxapine.....	92	ARALAST NP.....	169
ALPROLIX.....	121	amoxicil-clarithromy-lansopraz		aranelle (28).....	246
ALREX.....	265	.....	210	ARANESP (IN	
ALTABAX.....	156	amoxicillin.....	23, 24	POLYSORBATE).....	214
altacaine.....	259	amoxicillin-pot clavulanate....	24	ARAVA.....	233
ALTACE.....	109	amphetamine sulfate.....	92	ARAZLO.....	145
ALTAFLUOR BENOX.....	259	amphotericin b.....	3	ARCALYST.....	214
altavera (28).....	246	amphotericin b liposome.....	3	ARESTIN.....	175
ALTOPREV.....	128	ampicillin.....	24	AREXVY (PF).....	221
ALTRENO.....	145	ampicillin sodium.....	24	arformoterol.....	273
ALTUVIIO.....	121	ampicillin-sulbactam.....	24	ARICEPT.....	70
ALUNBRIG.....	32	AMPYRA.....	70	ARIKAYCE.....	17
ALVESCO.....	273	AMRIX.....	73	ARIMIDEX.....	32
alvimopan.....	200	AMVUTTRA.....	70	aripiprazole.....	92
alyacen 1/35 (28).....	246	AMZEEQ.....	145	ARIXTRA.....	122
alyacen 7/7/7 (28).....	246	ANAFRANIL.....	92	armodafinil.....	92
ALYMSYS.....	32	anagrelide.....	169	ARMONAIR DIGIHALER..	273
alyq.....	273	ANA-LEX KIT.....	200	ARMOUR THYROID.....	195
amabelz.....	240	ANALPRAM-HC.....	134, 200	ARNUITY ELLIPTA.....	274
amantadine hcl.....	5	ANALPRAM-HC SINGLES200		AROMASIN.....	32
AMBIEN.....	91	ANAPROX DS.....	81	ARRANON.....	32
AMBIEN CR.....	91	anaspaz.....	197	arsenic trioxide.....	32
AMBISOME.....	3	ANASTIA.....	153	ARTESUNATE.....	17
ambrisentan.....	273	anastrozole.....	32	ARTHROTEC 50.....	81
amcinonide.....	160	ANCOBON.....	3	ARTHROTEC 75.....	81
AMELUZ.....	140	ANGELIQ.....	240	ASCENIV.....	221
amethia.....	246	ANNOVERA.....	244	ascomp with codeine.....	76
amethyst (28).....	246	ANODYNE LPT.....	153	asenapine maleate.....	92
AMICAR.....	122	ANORO ELLIPTA.....	273	ashlyna.....	246
amikacin.....	17	ANTIVERT.....	200	ASMANEX HFA.....	274
amiloride.....	109	anucort-hc.....	200	ASMANEX TWISTHALER	274
amiloride-hydrochlorothiazide		ANUSOL-HC.....	200	ASPARLAS.....	32
.....	109	ANZEMET.....	201	aspirin.....	81
aminocaproic acid.....	122	apexicon e.....	160	aspirin childrens.....	81
amiodarone.....	107	APHEXDA.....	214	aspirin,buffd-calcium carb-mag	
AMITIZA.....	200	APIDRA SOLOSTAR U-100		.....	81
amitriptyline.....	91	INSULIN.....	182	aspirin-dipyridamole.....	122

ASPIRIN-OMEPRAZOLE .. 122	AVELOX IN NAACL (ISO- OSMOTIC).....26	BALVERSA .....33
aspir-trin 81	AVENOVA .....259	balziva (28).....247
ASPRUZYO SPRINKLE..... 133	aviane.....247	BANZEL .....56
ASTAGRAF XL 33	avidoxy .....27	BAQSIMI .....180
ASTERO 153	AVIDOXY DK.....27	BARACLUDE.....6
ATACAND 109	avita 146	BASADROX .....156
ATACAND HCT 109	avo cream 140	BASAGLAR KWIKPEN U-100 INSULIN .....182
atazanavir 6	AVODART .....285	BASAGLAR TEMPO PEN(U- 100)INSLN .....182
ATELVIA.....231	AVONEX .....218	BAVENCIO .....33
atenolol 109	AVSOLA .....201	BAXDELA .....26
atenolol-chlorthalidone..... 109	AVYCAZ 12	bayer aspirin .....81
ATIVAN..... 92	ayuna .....247	bayer low dose aspirin .....82
atomoxetine 92	AYVAKIT.....33	BCG VACCINE, LIVE (PF) 221
ATORVALIQ..... 128	azacitidine.....33	b-complex with vitamin c.....289
atorvastatin 129	AZACTAM 17	BELBUCA .....76
atovaquone 17	AZASAN.....33	BELEODAQ.....33
atovaquone-proguanil..... 17	AZASITE .....255	belladonna alkaloids-opium..197
ATRALIN 146	azathioprine .....33	BELRAPZO .....33
ATRAPRO CP 140	azathioprine sodium .....33	BELSOMRA .....92
ATRAPRO HYDROGEL ... 140	azelaic acid 146	benazepril .....109
ATRIPLA 6	azelastine 175, 259	benazepril-hydrochlorothiazide 110
atropine.....257	azelastine-fluticasone .....274	bendamustine.....33
ATROPINE SULFATE (PF)258	AZELEX 146	BENDAMUSTINE.....33
ATROVENT HFA 274	AZESCO .....288	BENDEKA .....33
AUBAGIO 218	AZILECT 64	BENEFIX .....122
aubra .....246	azithromycin..... 15	BENICAR.....110
aubra eq .....246	AZOPT .....263	BENICAR HCT.....110
AUGMENTIN.....24	AZOR .....109	BENLYSTA .....233
AUGMENTIN ES-600.....24	AZSTARYS .....92	BENZAMYCIN .....146
AUGMENTIN XR .....24	aztreonam 17	benzepro .....146
aurovela 1.5/30 (21) .....246	AZULFIDINE .....201	BENZEPRO (MICROSPHERES) .....146
aurovela 1/20 (21) .....246	AZULFIDINE EN-TABS ...201	BENZNIDAZOLE .....18
aurovela 24 fe .....246	azurette (28).....247	BENZODOX 30 .....27
aurovela fe 1.5/30 (28) .....246	B	BENZODOX 60 .....27
aurovela fe 1-20 (28) .....247	b complex 1 (with folic acid)289	benzonatate .....270
AURYXIA 199	b complex-vitamin c-folic acid.....289	benzoyl peroxide .....146
AUSTEDO 70	bacitracin 17, 255	benztropine .....65
AUSTEDO XR..... 70	bacitracin-polymyxin b.....255	BEOVU .....259
AUSTEDO XR TITRATION KT(WK1-4)..... 70	baclofen .....73	bepotastine besilate.....259
AUVELITY..... 92	BACLOFEN..... 73	BEPREVE .....259
AUVI-Q.....268	BACTRIM.....27	BERINERT.....274
AVALIDE 109	BACTRIM DS.....27	beser.....160
AVAPRO 109	BAFIERTAM.....218	BESER KIT .....160
avar 146	balanced b-100 .....289	BESIVANCE.....255
AVAR LS 146	bal-care dha .....289	BESPONSA.....33
AVAR-E GREEN 146	BAL-CARE DHA ESSENTIAL.....289	BESREMI.....217
AVAR-E LS 146	BALCOLTRA.....247	
AVASTIN 33	balsalazide .....201	
AVEIDA..... 146		
AVEIDAOXIA..... 146		

BETADINE OPHTHALMIC PREP	255	bosentan.....	274	butalbital-acetaminophen	76
betaine	201	BOSULIF	34	butalbital-acetaminophen-caff	76
betamethasone dipropionate 160, 161		BOTOX	221	butalbital-aspirin-caffeine.....	76
betamethasone valerate	161	bp 10-1.....	146	butorphanol.....	82
betamethasone, augmented... 161		BRAFTOVI.....	34	BUTRANS	76
BETAPACE	107	BRENZAVVY	191	BYDUREON BCISE.....	191
BETAPACE AF	107	BREO ELLIPTA	274	BYETTA	191
BETASERON	218	BREXAFEMME	3	BYLVAY	201
betaxolol.....	110, 257	BREYANZI.....	34	BYOOVIZ	259
bethanechol chloride	286	breynga	275	BYSTOLIC.....	110
BETHKIS	18	BREZTRI AEROSPHERE... 275		C	
BETIMOL	257	briellyn.....	247	CABENUVA	6
BETOPTIC S.....	257	BRILINTA	122	cabergoline	187
BEVACIZUMAB.....	33, 259	brimonidine	146, 268	CABLIVI.....	122
BEVESPI AEROSPHERE... 274		BRIMONIDINE- DORZOLAMIDE (PF)....	263	CABOMETYX.....	34
bexarotene	33	brimonidine-timolol.....	263	CADUET	129
BEXSERO.....	221	BRINEURA.....	187	caffeine citrate	169
BEYAZ.....	247	brinzolamide.....	263	calcipotriene	135
BEYFORTUS.....	6	BRIUMVI.....	218	CALCIPOTRIENE.....	135
BIAFINE EMULSION	140	BRIVIACT	56	calcipotriene-betamethasone	135
bicalutamide	33	BRIXADI	76	calcitonin (salmon)	187
BICILLIN C-R.....	24	BROMFED DM	270	calcitriol.....	135
BICILLIN L-A	24	bromfenac	262	calcium acetate(phosphat bind)	287
BICNU	33	bromocriptine	65	CALQUENCE (ACALABRUTINIB MAL)	34
BIDIL	110	brompheniramine-pseudoeph- dm.....	270	calcodore.....	135
BIJUVA.....	240	BROMSITE.....	262	CALSODORE KIT	135
BIKTARVY	6	BRONCHITOL	275	CAMBIA	82
BILTRICIDE.....	18	BROVANA	275	CAMCEVI (6 MONTH)	34
bimatoprost.....	263	BRUKINSA.....	34	camila	240
BIMZELX	135	BRYHALI	161	CAMPTOSAR.....	34
BIMZELX AUTOINJECTOR	135	budesonide.....	201, 275	camrese	247
BINOSTO.....	231	budesonide-formoterol	275	camrese lo.....	247
BIOTHRAX	221	bufferin	82	CAMZYOS.....	133
bismuth subcit k-metronidz-ten	210	bumetanide	110	CANASA.....	201
bisoprolol fumarate	110	BUPAP	76	CANCIDAS.....	3
bisoprolol-hydrochlorothiazide	110	BUPHENYL.....	169	candesartan	110
BIVIGAM	221	buprenorphine.....	76	candesartan-hydrochlorothiazid	110
bleomycin.....	34	buprenorphine hcl.....	76	CANTHARIDIN IN ACETONE	140
BLINCYTO.....	34	buprenorphine-naloxone.....	82	CAPCOF.....	270
blisovi 24 fe.....	247	bupropion hcl.....	92, 93	capecitabine	34
blisovi fe 1.5/30 (28).....	247	BUPROPION HCL	93	CAPEX.....	161
blisovi fe 1/20 (28).....	247	bupropion hcl (smoking deter)	173	CAPLYTA.....	93
BONJESTA.....	201	buspirone	93	CAPRELSA.....	34
BOOSTRIX TDAP	221	busulfan	34	CAPSFENAC PAK.....	82
bortezomib.....	34	BUSULFEX	34	CAPSINAC	82
BORTEZOMIB.....	34	butalbital compound w/codeine	76	captopril.....	110
		butalbital-acetaminop-caf-cod	76		

captopril-hydrochlorothiazide		chateal eq (28)	247
.....	110	CHEMET	169
CARAC	140	CHENODAL	201
CARAFATE	210	CHLOHUX	161
CARBAGLU	169	CHLOOXIA	161
carbamazepine	56, 57	chloramphenicol sod succinate	
CARBATROL	57	.....	18
carbidopa	65	chlordiazepoxide hcl	93
carbidopa-levodopa	65	chlordiazepoxide-clidinium ..	197
carbidopa-levodopa-entacapone		chlorhexidine gluconate	175
.....	65	chloroquine phosphate	18
carbinoxamine maleate	269	chlorpromazine	93
carboplatin	34	chlorthalidone	111
CARDIZEM	110	chlorzoxazone	73
CARDIZEM CD	110	CHOLBAM	201
CARDIZEM LA	110	cholecalciferol (vitamin d3) ..	289
CARDURA	110	cholestyramine (with sugar) ..	129
CARDURA XL	111	cholestyramine light	129
carglumic acid	169	CIBINQO	140
carisoprodol	73	ciclodan	157
carisoprodol-aspirin	73	CICLODAN KIT	157
carisoprodol-aspirin-codeine ..	73	ciclopirox	157
carmustine	34	ciclopirox-ure-camph-menth-euc	
CARMUSTINE	35	.....	157
CARNITOR	169	cidofovir	6
CARNITOR (SUGAR-FREE)		cilostazol	122
.....	169	CILOXAN	255
CAROSPIR	111	CIMDUO	6
carteolol	257	CIMERLI	259
cartia xt	111	cimetidine	210
carvedilol	111	CIMZIA	202
carvedilol phosphate	111	CIMZIA POWDER FOR	
CARVYKTI	35	RECONST	202
CASODEX	35	cinacalcet	187
casopfungin	3	CINQAIR	275
CATAPRES-TTS-1	111	CINRYZE	275
CATAPRES-TTS-2	111	CIPRO	26
CATAPRES-TTS-3	111	CIPRO HC	177
CAYA CONTOURED	239	ciprofloxacin	26
CAYSTON	18	ciprofloxacin hcl	26, 177, 255
caziant (28)	247	ciprofloxacin in 5 % dextrose ..	26
cefaclor	12, 13	ciprofloxacin-dexamethasone	
cefadroxil	13	.....	177
cefazolin	13	CIPROFLOXACIN-	
CEFAZOLIN	13	FLUOCINOLONE	177
cefazolin in 0.9% sod chloride	13	cisplatin	35
cefazolin in dextrose (iso-os) ..	13	CISPLATIN	35
CEFAZOLIN IN DEXTROSE		citalopram	93
(ISO-OS)	13	CITALOPRAM	93
cefazolin in dextrose 5 %	13	CITRANATAL B-CALM (FE	
		GLUC)	289
CEFAZOLIN IN STERILE			
WATER	13		
cefdinir	13		
cefepime	14		
CEFEPIME	14		
CEFEPIME IN DEXTROSE 5			
%	13		
cefepime in dextrose, iso-osm ..	14		
cefixime	14		
CEFOTAN	14		
cefotaxime	14		
cefotetan	14		
cefoxitin	14		
cefoxitin in dextrose, iso-osm ..	14		
cefpodoxime	14		
cefprozil	14		
ceftazidime	14		
ceftriaxone	14		
CEFTRIAZONE	14		
ceftriaxone in dextrose, iso-os ..	14		
cefuroxime axetil	15		
cefuroxime sodium	15		
celacyn	140		
CELEBREX	82		
celecoxib	82		
CELEXA	93		
CELLCEPT	35		
CELLCEPT INTRAVENOUS			
.....	35		
CELONTIN	57		
cem-urea	140		
CENTANY	156		
CENTANY AT	156		
cephalexin	15		
CEPROTIN (BLUE BAR) ..	122		
CEPROTIN (GREEN BAR) ..	122		
CEQUA	259		
CERACADE	140		
CERAMAX	140		
CERDELGA	187		
CEREZYME	187		
CERVIDIL	244		
CETRAXAL	177		
cevimeline	169		
CHANTIX	174		
CHANTIX CONTINUING			
MONTH BOX	174		
CHANTIX STARTING			
MONTH BOX	174		
charlotte 24 fe	247		
chateal (28)	247		

citrate of magnesia	202	CLONIDINE HCL	111	CORGARD.....	111
citroma.....	202	clonidogrel.....	122	CORLANOR	133
cladribine.....	35	clorazepate dipotassium	93	CORTANE-B	141
CLAFORAN	15	clotrimazole.....	3	CORTEF.....	178
claravis	146	clotrimazole-betamethasone .	157	CORTENEMA	202
CLARINEX.....	269	clozapine.....	93	CORTIFOAM.....	202
CLARINEX-D 12 HOUR ...	270	CLOZARIL	93	corti-sav	156
clarithromycin	15	c-nate dha	289	cortisone	178
classic prenatal	289	COAGADEX.....	122	CORTISPORIN-TC	177
cleansing wash.....	146	COARTEM	18	CORTROPHIN GEL.....	178
clearlax	202	COCAINE	153	COSELA.....	35
clemastine.....	269	codeine sulfate.....	76	COSENTYX.....	135
CLENIA PLUS	146	codeine-butalbital-asa-caff	77	COSENTYX (2 SYRINGES)	
CLENPIQ.....	202	codeine-guaifenesin.....	270	.....	135
CLEOCIN.....	18, 244	CODITUSSIN AC.....	271	COSENTYX PEN	135
CLEOCIN HCL.....	18	CODITUSSIN DAC.....	271	COSENTYX PEN (2 PENS)	135
CLEOCIN PEDIATRIC.....	18	COLAZAL	202	COSENTYX UNOREADY	
CLEOCIN T	146	colchicine.....	230	PEN.....	136
CLIMARA	240	COLCRYS.....	230	COSMEGEN	35
CLIMARA PRO.....	240	colesevelam	129	COSOPT.....	263
clindacin	147	COLESTID.....	129	COSOPT (PF).....	263
clindacin etz.....	146	COLESTID FLAVORED ...	129	COTELLIC.....	35
CLINDACIN ETZ.....	146	colestipol	129	COTEMPLA XR-ODT	94
clindacin p	146	colistin (colistimethate na)	18	covaryx	240
CLINDACIN PAC	147	COLUMVI	35	covaryx h.s.....	240
CLINDAGEL	147	COLY-MYCIN M		COZAAR.....	111
clindamycin hcl	18	PARENTERAL.....	18	CREON.....	202
CLINDAMYCIN IN 0.9 %		COMBIGAN	263	CRESEMBA.....	3
SOD CHLOR	18	COMBIPATCH.....	240	CRESTOR	129
clindamycin in 5 % dextrose ..	18	COMBIVENT RESPIMAT .	275	CRINONE	240
clindamycin pediatric	18	COMBIVIR.....	6	cromolyn.....	202, 259, 275
clindamycin phosphate..	18, 147,	COMETRIQ	35	crotan	168
244		COMIRNATY 2023-24 (12Y		cryselle (28).....	247
clindamycin-benzoyl peroxide		UP)(PF)	221	CRYSVITA	187
.....	147	COMPAZINE.....	202	CUBICIN RF	18
clindamycin-tretinoin	147	COMPLERA	6	CUPRIMINE	233
CLINDESSE	244	complete natal dha.....	289	curae	247
CLINPRO 5000.....	175	compro.....	202	CUTAQUIG	221
clobazam.....	57	COMTAN.....	65	CUVITRU	221
clobetasol.....	161, 162	CONCERTA	94	CUVPOSA	197
clobetasol-emollient	162	CONDYLOX.....	140	CUVRIOR	169
CLOBEX.....	162	CONJUPRI.....	111	cyclobenzaprine.....	73
clocortolone pivalate	162	CONSENSI	111	CYCLOGYL	258
clodan	162	constulose	202	CYCLOMYDRIL.....	268
CLODAN KIT.....	162	CONZIP.....	82	cyclopentolate.....	258
clofarabine.....	35	COPAXONE	218	cyclophen-tropic-phenyleph-watr	
CLOLAR.....	35	COPIKTRA.....	35	.....	258
clomipramine.....	93	CORDRAN	162	cyclophosphamide	35, 36
clonazepam.....	57	CORDRAN TAPE LARGE		CYCLOPHOSPHAMIDE	36
clonidine.....	111	ROLL.....	162	CYCLOSERINE.....	19
clonidine hcl.....	93, 111	COREG CR.....	111	CYCLOSET	191

cyclosporine	36, 259	daunorubicin.....	36	DERMA-SMOOTH/FS	
CYCLOSPORINE IN		DAURISMO.....	36	BODY OIL	162
KLARITY	259	DAXXIFY	222	DERMA-SMOOTH/FS	
cyclosporine modified.....	36	DAYBUE	70	SCALP OIL	162
CYCLOTENS REFILL.....	73	DAYPRO.....	82	DERMAWERX SDS.....	162
CYCLOTENS STARTER	73	daysee	247	DERMAZENE	156
CYLTEZO(CF)	233	DAYTRANA.....	94	DERMOTIC OIL.....	177
CYLTEZO(CF) PEN.....	233	DAYVIGO	94	DESCOVY	6
CYLTEZO(CF) PEN		DAZAVEIDAOXIA	147	desipramine.....	94
CROHN'S-UC-HS.....	233	DAZOMON.....	147	desloratadine.....	269
CYLTEZO(CF) PEN		DDAVP	187	desmopressin	187
PSORIASIS-UV	233	DEBACTEROL.....	175	DESMOPRESSIN	187
CYMBALTA	94	deblitane	240	desog-e.estradiol/e.estradiol	248
cyproheptadine	269	decitabine.....	36	desonide.....	162
CYRAMZA	36	deferasirox	169, 170	desoximetasone.....	163
cyred.....	247	deferiprone.....	170	DESOXYN	94
cyred eq	247	DELESTROGEN	241	DESVENLAFAXINE	94
CYSTADANE.....	202	DELSTRIGO.....	6	desvenlafaxine succinate	94
CYSTADROPS.....	259	DELZICOL	202	DETROL	284
CYSTAGON	286	demeclocycline.....	27	DETROL LA	284
CYSTARAN	259	DEMSEER.....	111	dexabliiss	178
cytarabine	36	DENAVIR.....	160	dexamethasone	178
cytarabine (pf)	36	DENGVAXIA (PF).....	222	dexamethasone intensol.....	178
CYTOMEL.....	195	denta 5000 plus.....	175	dexamethasone sodium	
CYTOTEC	210	dentagel	175	phosphate.....	265
D		DEOXIA.....	147	DEXAMETH-	
dabigatran etexilate	122	DEOXIADEMTAR.....	147	MOXIFLOX(PF)-NACL,ISO	
dacarbazine.....	36	DEOXIATAR.....	147	.....	264
dactinomycin	36	DEOXIAVAR	147	DEXAMET-MOXIFL-	
dalfampridine	70	DEPAKOTE.....	57	KETORO-NACL(PF).....	259
DALIRESP.....	275	DEPAKOTE ER.....	57	dexchlorpheniramine maleate	
DALVANCE	19	DEPAKOTE SPRINKLES	57	.....	269
danazol	187	DEPEN TITRATABS	234	DEXEDRINE SPANSULE	94
DANTRIUM	73	DEPO-ESTRADIOL.....	241	DEXERYL	141
dantrolene.....	74	DEPO-PROVERA.....	241	DEXILANT	210
DANYELZA	36	DEPO-SUBQ PROVERA 104		dexlansoprazole	210
dapsone.....	19, 147	.....	241	dexmethylphenidate.....	94
DAPTACEL (DTAP		DERMACINRX LEXITRAL.....	82	DEXTENZA.....	266
PEDIATRIC) (PF).....	222	dermacinrx lidocan.....	154	dextroamphetamine sulfate.....	94
daptomycin	19	DERMACINRX LIDOGEL.....	154	dextroamphetamine-	
DAPTOMYCIN	19	DERMACINRX LIDOREX.....	154	amphetamine.....	95
DAPTOMYCIN IN 0.9 % SOD		DERMACINRX PRENATRIX		DEXYCU (PF)	266
CHLOR	19	.....	289	DHIVY	65
DARAPRIM.....	19	DERMACINRX PRENATRYL		DIACOMIT	57
darifenacin.....	284	.....	289	DIADIMAXIA	147
DARTISLA	197	DERMACINRX PRETRATE		dialyvite 800	289
darunavir ethanolate.....	6	.....	289	DIAOXIA	147
DARZALEX	36	dermacinrx prizopak.....	154	DIASAXIATAR.....	148
DARZALEX FASPRO	36	DERMACINRX THERAZOLE		DIASDIMAXIA.....	148
dasetta 1/35 (28).....	247	PAK.....	157	DIASOXIA.....	148
dasetta 7/7/7 (28).....	247			DIASTAT	57

DIASTAT ACUDIAL.....	57	DIPROLENE (AUGMENTED)	163	dronabinol.....	203
diazepam.....	57, 95	.....	163	drosiprenone-e.estradiol-lm.fa	248
diazepam intensol.....	95	dipyridamole.....	122	.....	248
diazoxide	180	DISALCID	84	drosiprenone-ethinyl estradiol	248
DIBENZYLINE	112	diskets.....	77	.....	248
dichlorphenamide.....	70	disopyramide phosphate	107	DROXIA.....	37
DICLEGIS.....	203	disulfiram.....	170	droxidopa.....	170
DICLOFENAC EPOLAMINE	82	DITHOL	84	DRYSOL DAB-O-MATIC ..	141
.....	82	DIURIL	112	DSUVIA.....	77
diclofenac potassium.....	82	divalproex.....	58	DUAKLIR PRESSAIR	275
diclofenac sodium ..	83, 141, 262	DIVIGEL.....	241	DUAVEE.....	241
DICLOFENAC		DM2.....	191	DUET DHA WITH OMEGA-3	289
SUBMICRONIZED.....	83	docetaxel.....	37	.....	289
diclofenac-misoprostol.....	83	dofetilide.....	107	DUETACT	191
DICLOFEX DC.....	83	DOJOLVI	288	DUEXIS	84
DICLOFONO.....	83	dolishale.....	248	dulcolax (magnesium	203
DICLOHEAL-60.....	83	DOLOTRANZ.....	154	hydroxide).....	203
DICLOPR.....	83	donepezil	70	DULERA	275
DICLOSAICIN	83	DONNATAL.....	197	duloxetine	95
DICLOTRAL	83	DOPTLET (15 TAB PACK)	123	DULOXICAINE.....	95
DICLOTREX	84	.....	123	DUOBRII	163
DICLOTREX II.....	83	DORAL	95	DUOPA	65
dicloxacillin.....	25	DORYX.....	27	DUPIXENT PEN.....	141
dicyclomine	197	DORYX MPC	27	DUPIXENT SYRINGE.....	141
didanosine.....	6	dorzolamide.....	263	DUREX AVANTI BARE	
DIFFERIN.....	148	DORZOLAMIDE (PF).....	263	REAL FEEL	239
DIFICID	16	dorzolamide-timolol	263	DUREZOL	266
diflorasone.....	163	dorzolamide-timolol (pf).....	263	DURYSTA	263
DIFLUCAN.....	3	DORZOLAMIDE-TIMOLOL	263	dutasteride.....	285
diflunisal.....	84	(PF).....	263	dutasteride-tamsulosin.....	285
difluprednate.....	266	dotti.....	241	DYANAVEL XR	95
DIFMETIOXRIME	157	DOVATO	6	DYMISTA	276
digox.....	120	doxazosin.....	112	DYRENIUM.....	112
digoxin.....	120, 121	doxepin	95, 141	DYSPORT	222
dihydroergotamine	67	doxercalciferol.....	188	E	
DILANTIN.....	58	DOXIL.....	37	e.e.s. 400.....	16
DILANTIN EXTENDED	57	doxorubicin.....	37	E.E.S. GRANULES.....	16
DILANTIN INFATABS	57	doxorubicin, peg-liposomal....	37	ECEOXIA.....	148
DILANTIN-125	58	doxy-100.....	27	EC-NAPROSYN	84
DILAUDID	77	doxycycline hyclate.....	27, 28	econazole	157
diltiazem.....	112	DOXYCYCLINE HYCLATE28		econtra ez.....	248
dilt-xr.....	112	doxycycline monohydrate	28	econtra one-step.....	248
DIMENTHO.....	84	DOXYCYCLINE		ecotrin	84
dimethyl fumarate	218	MONOHYDRATE.....	28	ecotrin low strength	84
DIMOXIA	148	doxylamine-pyridoxine (vit b6)	203	ECOZA.....	157
DIOCHLOY	136	.....	203	EDARBI	112
DIOOXIA.....	136	DRAXACE.....	148	EDARBYCLOR.....	113
DIOVAN	112	DRAXACEY.....	148	EDECRIIN.....	113
DIOVAN HCT	112	drithocrema hp.....	136	EDLUAR.....	95
DIPENTUM	203	DRIXECE.....	148	ed-spaz.....	197
diphenoxylate-atropine.....	197	DRIZALMA SPRINKLE.....	95	EDURANT	6

eemt.....	241	enalapril maleate.....	113	EPKINLY.....	38
eemt hs.....	241	enalapril-hydrochlorothiazide		epiphenone.....	113
efavirenz.....	6	.....	113	EPOGEN.....	214
efavirenz-emtricitabin-tenofov.	6	ENBREL.....	234	epoprostenol.....	113
efavirenz-lamivu-tenofov disop	6	ENBREL MINI.....	234	EPRONTIA.....	58
effe-k.....	287	ENBREL SURECLICK.....	234	eprosartan.....	113
EFFER-K.....	287	ENDARI.....	170	EPSOLAY.....	148
EFFEXOR XR.....	96	endocet.....	77	EPZICOM.....	7
EFFIENT.....	123	ENGERIX-B (PF).....	222	EQUETRO.....	58
EFUDEX.....	141	ENGERIX-B PEDIATRIC (PF)		ERAXIS(WATER DILUENT) 3	
EGRIFTA SV.....	216	.....	222	ERBITUX.....	38
ELAHERE.....	37	ENHERTU.....	38	ergoloid.....	96
ELAPRASE.....	188	enilloring.....	244	ERGOMAR.....	67
ELELYSO.....	188	ENJAYMO.....	170	ergotamine-caffeine.....	67
ELEPSIA XR.....	58	enoxaparin.....	123	ERIVEDGE.....	38
ELESTRIN.....	241	ENOXILUV.....	123	ERLEADA.....	38
eletriptan.....	67	enpresse.....	248	erlotinib.....	38
ELFABRIO.....	188	enskyce.....	248	ERMEZA.....	195
ELIDEL.....	141	ENSPRYNG.....	38	errin.....	241
ELIGARD.....	37	ENSTILAR.....	136	ERTACZO.....	158
ELIGARD (3 MONTH).....	37	entacapone.....	65	ertapenem.....	19
ELIGARD (4 MONTH).....	37	ENTADFI.....	285	ERWINASE.....	38
ELIGARD (6 MONTH).....	37	entecavir.....	7	ery pads.....	148
ELIMITE.....	168	ENTEREG.....	203	erygel.....	148
elinest.....	248	ENTRESTO.....	133	ERYPED 200.....	16
ELIQUIS.....	123	ENTTY.....	141	ERYPED 400.....	16
ELIQUIS DVT-PE TREAT 30D		ENTYVIO.....	203	ery-tab.....	16
START.....	123	ENTYVIO PEN.....	203	ERY-TAB.....	16
ELIXOPHYLLIN.....	276	enulose.....	203	ERYTHROCIN.....	16
ELLA.....	248	ENVARBUS XR.....	38	erythrocin (as stearate).....	16
ELLENC.....	37	EPANED.....	113	erythromycin.....	16, 255
ELLZIA PAK.....	163	EPCLUSA.....	7	erythromycin ethylsuccinate...16	
ELMIRON.....	286	EPICERAM.....	141	erythromycin lactobionate.....16	
ELOCTATE.....	123	EPIDIOLEX.....	58	erythromycin with ethanol...148	
ELREXFIO.....	37	EPIDUO FORTE.....	148	erythromycin-benzoyl peroxide	
eluryng.....	244	EPIFOAM.....	136	.....	148
ELYXYB.....	67	epinastine.....	259	ESBRIET.....	276
ELZONRIS.....	37	EPINEPHINE		escitalopram oxalate.....	96
EMCYT.....	37	PROFESSIONAL EMS...269		ESGIC.....	77
EMEND.....	203	epinephrine.....	269	esomeprazole magnesium...210,	
EMFLAZA.....	178	EPINEPHRINE.....	269	211	
EMGALITY PEN.....	67	epinephrine hcl.....	276	ESPEROCT.....	123
EMGALITY SYRINGE.....	67	EPINEPHRINE		estarylla.....	248
EMPAVELI.....	170	PROFESSIONAL.....	269	estazolam.....	96
EMPLICITI.....	38	EPINEPHRINESNAP-EMS 269		ESTRACE.....	241
EMSAM.....	96	EPINEPHRINESNAP-V.....	269	estradiol.....	241, 242
emtricitabine.....	7	EPIPEN.....	269	estradiol valerate.....	242
emtricitabine-tenofovir (tdf).....	7	EPIPEN JR.....	269	estradiol-norethindrone acet.242	
EMTRIVA.....	7	epirubicin.....	38	ESTRING.....	242
emulsion sb.....	141	epitol.....	58	ESTROGEL.....	242
EMVERM.....	19	EPIVIR.....	7	estrogens-methyltestosterone242	

eszopiclone.....	96	FABRAZYME	188	FIASP PUMPCART.....	182
ethacrynic acid.....	113	FACTIVE	26	FIASP U-100 INSULIN	182
ethambutol.....	19	falmina (28).....	248	FIBRICOR.....	130
ethosuximide	58	famciclovir.....	7	FIBRYGA.....	123
ETHOXIA	148	famotidine.....	211	FILSPARI.....	133
ethyl chloride.....	154	FANAPT	96	FINACEA.....	148
ethynodiol diac-eth estradiol	248	FARESTON	39	finasteride	285
etodolac	84	FARXIGA	191	fingolimod	218
etonogestrel-ethinyl estradiol	244	FASENRA.....	276	FINTEPLA	58
ETOPOPHOS.....	38	FASENRA PEN	276	finzala	248
etoposide.....	38	FASLODEX	39	FIORICET	77
etravirine.....	7	FC2 FEMALE CONDOM ...	239	FIORICET WITH CODEINE	77
EUCRISA.....	141	febuxostat	230	FIRAZYR.....	276
EUFLEXXA.....	84	FEIBA NF	123	FIRDAPSE	71
EULEXIN.....	38	felbamate	58	FIRMAGON KIT W DILUENT	
EURAX.....	168	FELBATOL.....	58	SYRINGE.....	39
euthyrox.....	195	FELDENE	84	FIRVANQ	30
EVAMIST	242	felodipine.....	113	flac otic oil.....	177
EVEKEO.....	96	fem ph.....	244	FLAGYL	19
EVEKEO ODT.....	96	FEMARA	39	FLAREX.....	266
EVENITY.....	231	FEMCAP.....	239	flavoxate	284
everolimus (antineoplastic)	38	FEMRING	242	FLEBOGAMMA DIF	222
everolimus		fenofibrate	130	flecainide	107
(immunosuppressive)	38	FENOFIBRATE.....	130	FLECTOR	84
EVISTA.....	231	fenofibrate micronized	130	FLEQSUVY	74
EVKEEZA	129	FENOFIBRATE		FLOLAN	113
EVOCLIN	148	MICRONIZED.....	130	FLOLIPID	130
EVOMELA	39	fenofibrate nanocrystallized .	130	FLOMAX	285
EVOTAZ.....	7	fenofibric acid.....	130	FLOVENT DISKUS	276
EVOXAC	170	fenofibric acid (choline)	130	FLOVENT HFA.....	276
EVRYSDI.....	70	FENOGLIDE.....	130	FLUAD QUAD 2023-24(65Y	
EXELDERM	158	fenoprofen	84	UP)(PF).....	222
EXELON PATCH.....	70	FENOPROFEN	84	FLUARIX QUAD 2023-2024	
exemestane	39	FENOVAR	84	(PF).....	222
EXFORGE	113	FENSOLVI.....	39	FLUBLOK QUAD 2023-2024	
EXFORGE HCT	113	fantanyl.....	77	(PF).....	222
EXJADE.....	170	fantanyl citrate.....	77	FLUCELVAX QUAD 2023-	
EXKIVITY.....	39	FENTANYL CITRATE	77	2024	222
EXODERM	158	FENTORA.....	77	FLUCELVAX QUAD 2023-	
EXONDYS-51	71	ferocon.....	289	2024 (PF)	222
EXSERVAN.....	170	FERRIPROX.....	170	fluconazole	3, 4
EXTAVIA	218	FERRIPROX (2 TIMES A		fluconazole in nacl (iso-osm) ...	3
EXTINA.....	158	DAY).....	170	flucytosine	4
EYSUVIS.....	266	fesoterodine	284	fludarabine.....	39
EZALLOR SPRINKLE.....	129	FETROJA.....	15	fludrocortisone.....	178
ezetimibe	129	FETZIMA.....	96	FLULAVAL QUAD 2023-2024	
EZETIMIBE-		FEXMID.....	74	(PF).....	222
ROSUVASTATIN	129	FIASP FLEXTOUCH U-100		FLUMADINE.....	7
ezetimibe-simvastatin.....	130	INSULIN.....	182	FLUMIST QUAD 2023-2024	
F		FIASP PENFILL U-100		.....	223
FABIOR.....	148	INSULIN.....	182	flunisolide.....	276

fluocinolone.....	163	folic acid.....	290	GAMMAKED.....	223
fluocinolone acetonide oil	177	folitab.....	290	GAMMAPLEX.....	223
fluocinolone and shower cap	163	FOLOTYN.....	39	GAMMAPLEX (WITH	
fluocinonide.....	163	foltabs 800.....	290	SORBITOL).....	223
fluocinonide-e.....	163	fondaparinux.....	123	GAMUNEX-C.....	223
FLUOPAR.....	163	FORFIVO XL.....	97	GANCICLOVIR.....	7
FLUORESC EIN-		formoterol fumarate.....	277	ganciclovir sodium.....	7
BENOXINATE.....	260	FORTEO.....	231	GARDASIL 9 (PF).....	223, 224
fluorescein-propraracaine.....	260	FOSAMAX.....	231	GASTROCROM.....	203
fluoride (sodium).....	175, 290	FOSAMAX PLUS D.....	231	gatifloxacin.....	255
FLUORIDEX DAILY		fosamprenavir.....	7	GATTEX 30-VIAL.....	203
DEFENSE.....	175	foscarnet.....	7	gavilax.....	203
FLUORIDEX SENSITIVITY		FOSCAVIR.....	7	gavilyte-c.....	203
RELIEF.....	175	fosfomycin tromethamine.....	29	gavilyte-g.....	203
FLUORIMAX 5000.....	175	fosinopril.....	113	GAVRETO.....	39
FLUORIMAX 5000		fosinopril-hydrochlorothiazide		GAZYVA.....	39
SENSITIVE.....	175	.....	113	gefitinib.....	39
fluorometholone.....	266	FOSRENOL.....	199	GELCLAIR.....	175
FLUOROPLEX.....	141	FOTIVDA.....	39	GELNIQUE.....	284
fluorouracil.....	39, 141	FRAGMIN.....	123, 124	GELX.....	175
FLUOROURACIL.....	141	FREESTYLE INSULINX....	180	gemcitabine.....	39, 40
FLUOVIX.....	163	FREESTYLE INSULINX TEST		GEMCITABINE.....	40
FLUOVIX PLUS.....	163	STRIPS.....	180	gemfibrozil.....	130
fluoxetine.....	96, 97	FREESTYLE LITE STRIPS	180	gemmily.....	248
FLUOXIA.....	163	FREESTYLE TEST.....	180	GEMTESA.....	284
fluphenazine hcl.....	97	FROTEK.....	84, 85	gengraf.....	40
flurandrenolide.....	164	FROVA.....	68	GENOTROPIN.....	216
flurazepam.....	97	frovatriptan.....	68	GENOTROPIN MINIQUICK	
flurbiprofen.....	84	full spectrum b-vitamin c.....	290	.....	216
flurbiprofen sodium.....	262	FULPHILA.....	214	gentamicin.....	19, 156, 255
FLUTICASONE FUROATE-		fulvestrant.....	39	gentamicin in nacl (iso-osm) ..	19
VILANTEROL.....	276	FURADANTIN.....	29	GENTAMICIN IN NAACL (ISO-	
fluticasone propionate ..	164, 277	FUROSCIX.....	113	OSM).....	19
FLUTICASONE		furosemide.....	113, 114	gentamicin sulfate (ped) (pf) ..	19
PROPIONATE.....	276, 277	FUZEON.....	7	gentle laxative (bisacodyl)....	203
fluticasone propion-salmeterol		FYARRO.....	39	gentlelax.....	203
.....	277	fyavolv.....	242	GENVOYA.....	8
FLUTICASONE PROPION-		FYCOMPA.....	58	GEODON.....	97
SALMETEROL.....	277	FYLNETRA.....	214	GILENYA.....	218
fluvastatin.....	130	G		GILOTRIF.....	40
fluvoxamine.....	97	g tussin ac.....	271	GIMOTI.....	203
FLUZONE HIGHDOSE QUAD		gabapentin.....	58	GIVLAARI.....	170
23-24 PF.....	223	GALAFOLD.....	188	GLASSIA.....	170
FLUZONE QUAD 2023-2024		galantamine.....	71	glatiramer.....	218
.....	223	GALZIN.....	287	glatopa.....	218
FLUZONE QUAD 2023-2024		GAMASTAN.....	223	GLEEVEC.....	40
(PF).....	223	GAMASTAN S/D.....	223	GLEOSTINE.....	40
FML FORTE.....	266	GAMIFANT.....	39	glimpiride.....	191
FML LIQUIFILM.....	266	GAMMAGARD LIQUID....	223	glipizide.....	191
FOCALIN.....	97	GAMMAGARD S-D (IGA < 1		GLIPIZIDE.....	191
FOCALIN XR.....	97	MCG/ML).....	223	glipizide-metformin.....	191

GLUCAGEN HYPOKIT	180	HALUCORT	141	HPR PLUS-MB HYDROGEL	
GLUCAGON (HCL)		HAPRODERM.....	141	.....	141
EMERGENCY KIT	180	HARVONI.....	8	HULIO(CF)	235
glucagon emergency kit		HAVRIX (PF)	224	HULIO(CF) PEN.....	234
(human)	180	HAXCHLO	158	HUMALOG JUNIOR	
GLUCOTROL XL	192	HAXCHLODREX.....	158	KWIKPEN U-100	182
GLUMETZA	192	HAXDRAX.....	158	HUMALOG KWIKPEN	
glyburide.....	192	heather	242	INSULIN	182
glyburide micronized.....	192	HEMADY	178	HUMALOG MIX 50-50	
glyburide-metformin	192	HEMANGEOL.....	114	INSULN U-100	182
GLYCATE	197	HEMLIBRA	124	HUMALOG MIX 50-50	
glycopyrrolate.....	197	hemmorex-hc.....	204	KWIKPEN.....	182
GLYNASE	192	HEMOFIL M HIGH.....	124	HUMALOG MIX 75-25	
GLYXAMBI	192	HEMOFIL M LOW.....	124	KWIKPEN.....	182
GOCOVRI.....	65	HEMOFIL M MID.....	124	HUMALOG MIX 75-25(U-	
GOLYTELY.....	204	HEMOFIL M SUPER HIGH.....	124	100)INSULN	183
GONITRO.....	133	hep flush-10 (pf).....	124	HUMALOG TEMPO PEN(U-	
GOPRELTO	154	heparin (porcine)	124, 125	100)INSULN	183
GRALISE	59	HEPARIN (PORCINE) IN 0.9%		HUMALOG U-100 INSULIN	
granisetron hcl	204	NACL	124	.....	183
GRANIX	214	heparin (porcine) in 5 % dex	124	HUMATE-P	125
griseofulvin microsize	4	heparin (porcine) in nacl (pf)	124	HUMATIN	19
griseofulvin ultramicrosize.....	4	heparin lock flush (porcine) .	125	HUMATROPE	216
guanfacine	97, 114	heparin lockflush(porcine)(pf)		HUMIRA	235
GVOKE	181	.....	125	HUMIRA PEN	235
GVOKE HYOPEN 2-PACK		heparin(porcine) in 0.45% nacl		HUMIRA PEN CROHNS-UC-	
.....	180	.....	125	HS START	235
GVOKE PFS 2-PACK		HEPARIN(PORCINE) IN		HUMIRA PEN PSOR-UEVITS-	
SYRINGE.....	180	0.45% NACL.....	125	ADOL HS	235
GYNAZOLE-1.....	244	heparin, porcine (pf).....	125	HUMIRA(CF)	235
H		HEPARIN, PORCINE (PF) .	125	HUMIRA(CF) PEDI CROHNS	
HADLIMA	234	HEPLISAV-B (PF).....	224	STARTER	235
HADLIMA PUSH TOUCH..	234	HEPSERA	8	HUMIRA(CF) PEN.....	235
HADLIMA(CF)	234	her style	248	HUMIRA(CF) PEN CROHNS-	
HADLIMA(CF) PUSH TOUCH		HERCEPTIN	40	UC-HS	235
.....	234	HERCEPTIN HYLECTA	40	HUMIRA(CF) PEN	
HAEGARDA	277	HERZUMA	40	PEDIATRIC UC.....	235
hailey	248	HETLIOZ	97	HUMIRA(CF) PEN PSOR-UV-	
hailey 24 fe.....	248	HETLIOZ LQ.....	97	ADOL HS	235
hailey fe 1.5/30 (28)	248	HEXIOUNYL	158	HUMULIN 70/30 U-100	
hailey fe 1/20 (28)	248	HIBERIX (PF).....	224	INSULIN	183
HALAVEN.....	40	HIPREX.....	29	HUMULIN 70/30 U-100	
halcinonide	164	HISTEX-AC.....	271	KWIKPEN.....	183
HALCION.....	97	HIXDEFRIMA	158	HUMULIN N NPH INSULIN	
halobetasol propionate.....	164	HIZENTRA	224	KWIKPEN.....	183
HALOBETASOL		homatropaire.....	258	HUMULIN N NPH U-100	
PROPIONATE	164	HORIZANT.....	71	INSULIN	183
haloette	244	hpr.....	142	HUMULIN R REGULAR U-	
HALOG.....	164	hpr plus	141	100 INSULN	183
haloperidol.....	97	hpr plus hydrogel.....	141	HUMULIN R U-500 (CONC)	
haloperidol lactate	97			INSULIN	183

HUMULIN R U-500 (CONC)	HYRIMOZ PEN CROHN'S-UC	IMITREX	68
KWIKPEN	STARTER	IMITREX STATDOSE PEN	68
HYCAMTIN	HYRIMOZ PEN PSORIASIS	IMITREX STATDOSE REFILL	
HYCODAN (WITH	STARTER .....	.....	68
HOMATROPINE)	HYRIMOZ(CF).....	IMJUDO	41
hydralazine	HYRIMOZ(CF) PEDI CROHN	IMLYGIC	41
HYDREA	STARTER	IMOVAX RABIES VACCINE	
HYDRO 35.....	HYRIMOZ(CF) PEN	(PF).....	224
HYDRO 40.....	HYSINGLA ER	IMPAVIDO	19
hydrochlorothiazide.....	HYZAAR	IMPOYZ.....	165
hydrocodone bitartrate.....	I	IMURAN.....	41
hydrocodone-acetaminophen 77,	ibandronate	IMVEXXY MAINTENANCE	
78	IBRANCE	PACK	242
hydrocodone-chlorpheniramine	IBSRELA	IMVEXXY STARTER PACK	
.....	ibu.....	.....	242
hydrocodone-homatropine ...	IBUPAK	INBRIJA.....	65
hydrocodone-ibuprofen	ibuprofen	incassia	242
hydrocortisone.....	ibuprofen-famotidine.....	INCRELEX	170
hydrocortisone acetate.....	icatibant	INCRUSE ELLIPTA.....	277
hydrocortisone butyrate 164, 165	iclevia	indapamide	114
hydrocortisone butyr-emollient	ICLOFENAC CP.....	INDERAL LA	114
.....	ICLUSIG	INDERAL XL	114
HYDROCORTISONE LOTION	icosapent ethyl.....	INDOCIN	85
COMPLETE.....	IDACIO(CF)	indomethacin	85
hydrocortisone valerate	IDACIO(CF) PEN.....	INDOMETHACIN	85
hydrocortisone-acetic acid... 177	IDACIO(CF) PEN CROHN-UC	INFANRIX (DTAP) (PF).....	224
hydrocortisone-iodoquinl-aloe2	STARTR.....	INFLAMMA-K	85
.....	IDACIO(CF) PEN PSORIASIS	INFLECTRA	204
hydrocortisone-iodoquinol ...	START	INFLIXIMAB.....	204
hydrocortisone-iodoquinol-aloe	IDAMYCIN PFS.....	INFUGEM	41
.....	IDARAN	INGREZZA	71
hydrocortisone-pramoxine .. 136,	idarubicin.....	INGREZZA INITIATION	
204	IDELVION.....	PACK	71
HYDROCORTISONE-	IDHIFA	INLYTA	41
PRAMOXINE	IDYYXIATAR.....	INNOPRAN XL	114
hydromet.....	IFEX	INPEFA	192
hydromorphone	ifosfamide.....	INQOVI.....	41
hydroxychloroquine	IGALMI.....	INREBIC	41
HYDROXYM	IHEEZO (PF)	INSPRA	114
hydroxyurea.....	ILARIS (PF).....	INSULIN ASP PRT-INSULIN	
hydroxyzine hcl.....	ILEVRO	ASPART.....	183
hydroxyzine pamoate	ILUMYA	INSULIN ASPART U-100... 184	
HYFTOR.....	ILUVIEN.....	INSULIN DEGLUDEC.....	184
HYLAGUARD.....	imatinib.....	INSULIN GLARGINE.....	184
HYLATOPICPLUS	IMBRUVICA	INSULIN GLARGINE-YFGN	
hyoscyamine sulfate	IMFINZI.....	.....	184
hyosyne.....	IMIOXIA.....	INSULIN LISPRO	184, 185
HYPERSAL.....	imipenem-cilastatin	INSULIN LISPRO	
HYQVIA	imipramine hcl.....	PROTAMIN-LISPRO	184
HYRIMOZ	imipramine pamoate	INTELENCE	8
HYRIMOZ PEN.....	imiquimod	INTRAROSA	244

INTUNIVER.....	98	JANUVIA.....	192	KERALYT SCALP	139
INVEGA.....	98	JARDIANCE.....	192	KERALYT SCALP	
INVELTYS	266	jasmiel (28).....	248	COMPLETE.....	139
INVOKAMET.....	192	javygtor.....	188	KERASTAT	142
INVOKAMET XR.....	192	JAYPIRCA.....	42	KERENDIA.....	114
INVOKANA	192	JELMYTO.....	42	KESIMPTA PEN.....	218
INZDEAXIATAR.....	149	JEMPERLI	42	KETAMINE	98
INZDEAXIAVAR	149	jencycla.....	242	ketoconazole.....	4, 158
INZDEOXIA.....	149	JENTADUETO	192	ketodan	158
iodine-sodium iodide.....	142	JENTADUETO XR.....	193	ketodan kit	158
IODOFLEX.....	142	JESDUVROQ.....	171	ketoprofen.....	85, 86
IODOSORB	142	JEVTANA	42	ketorolac	86, 262
IOPIDINE.....	268	jinteli.....	242	KETOROLAC.....	86
IPOL.....	224	JIVI.....	126	KEVEYIS.....	71
ipratropium bromide.....	175, 277	JOENJA.....	171	KEVZARA	236, 237
ipratropium-albuterol	277	jolessa	249	KEYTRUDA	42
irbesartan	114	JORNAY PM	98	KIMMTRAK.....	42
irbesartan-hydrochlorothiazide		joyeaux	249	KIMYRSA.....	20
.....	114	JUBLIA	158	KINERET	237
IRESSA	41	juleber.....	249	KINRIX (PF).....	224
irinotecan.....	42	JULUCA.....	8	KISQALI	42
ISENTRESS	8	junel 1.5/30 (21)	249	KISQALI FEMARA CO-PACK	
ISENTRESS HD	8	junel 1/20 (21)	249	.....	42
isibloom.....	248	junel fe 1.5/30 (28)	249	KITABIS PAK	20
isoniazid	20	junel fe 1/20 (28)	249	KLARITY-A (AZITHRO-	
ISORDIL	133	JUST RIGHT 5000.....	175	CHONDR)(PF).....	260
ISORDIL TITRADOSE.....	134	JUXTAPID.....	130	KLARITY-L (LOTEPRED-	
isosorbide dinitrate	134	JYNARQUE.....	188	CHOND)(PF)	260
isosorbide mononitrate	134	K		KLARON	156
isosorbide-hydralazine	114	KADCYLA	42	KLISYRI	42
isotretinoin.....	149	kaitlib fe.....	249	KLONOPIN.....	59
isradipine	114	KALBITOR.....	278	klor-con.....	288
ISTALOL	257	KALETRA	8	klor-con 10.....	288
ISTODAX	42	kalliga	249	klor-con 8.....	288
ISTURISA.....	188	KALYDECO	278	klor-con m10	288
ITHOXIA	149	KANJINTI.....	42	klor-con m15	288
itraconazole	4	KANUMA.....	188	klor-con m20	288
ivermectin.....	20, 149	KAPSPARGO SPRINKLE ..	114	klor-con/ef	288
IXEMPRA.....	42	KARBINAL ER	270	KLOXXADO	86
IXIARO (PF).....	224	kariva (28)	249	KOATE.....	126
IXINITY.....	125	KATERZIA.....	114	kobee.....	290
IYUZEH.....	263	KAZANO	193	KOGENATE FS.....	126
J		kelnor 1/35 (28).....	249	KOMBIGLYZE XR.....	193
JADENU	170	kelnor 1-50 (28).....	249	KONVOMEPEP	211
JADENU SPRINKLE	170	kemoplat	42	KORLYM.....	188
jaimiess.....	248	KENALOG.....	165	KORSUVA.....	171
JAKAFI.....	42	KEPIVANCE	31	KOSELUGO.....	43
JALYN	285	KEPPRA.....	59	KOSHER PRENATAL PLUS	
jantoven	125	KEPPRA XR.....	59	IRON	290
JANUMET	192	keralyt.....	139	kourzeq	176
JANUMET XR.....	192	KERALYT RX.....	139	KOVALTRY	126

K-PHOS NO 2.....	286	LANTUS SOLOSTAR U-100	levonorgest-eth.estradiol-iron	250
K-PHOS ORIGINAL	286	INSULIN .....	.....	250
KRAZATI	43	LANTUS U-100 INSULIN..	levonorgestrel	250
KRINTAFEL.....	20	lapatinib	levonorgestrel-ethinyl estrad	250
KRISTALOSE	204	larin 1.5/30 (21).....	levonorg-eth estrad triphasic	250
KRYSTEXXA.....	230	larin 1/20 (21).....	levora-28.....	250
K-TAB.....	288	larin fe 1.5/30 (28).....	levorphanol tartrate.....	78
kurvelo (28).....	249	larin fe 1/20 (28).....	levo-t.....	195
KUVAN	188	LASIX	levothyroxine.....	196
KYLEENA	239	latanoprost	LEVOTHYROXINE	196
KYMRIAH.....	43	LATUDA.....	levoxyl	196
KYPROLIS	43	laxative (bisacodyl)	LEVSIN	198
L		laxative peg 3350.....	LEVSIN/SL	198
l norgest/e.estradiol-e.estrad.	249	layolis fe	LEVULAN	142
labetalol	115	LDO PLUS	LEXAPRO.....	98
lacosamide.....	59	LEDIPASVIR-SOFOSBUVIR 8	LEXETTE.....	165
LACRISERT	260	leena 28.....	LEXITRAL PHARMAPAK II	
lactated ringers	168	LEFLUNICLO .....	.....	86
lactulose.....	204	leflunomide.....	LEXIVA	8
LAGEVRIO (EUA).....	8	LEMTRADA.....	LEXTOL.....	86
LAMICTAL	59	lenalidomide	LIALDA	204
LAMICTAL ODT	59	LENVIMA.....	LIBRAX (WITH CLIDINIUM)	
LAMICTAL ODT STARTER		LEQEMBI .....	.....	198
(BLUE).....	59	LEQVIO	LIBTAYO.....	43
LAMICTAL ODT STARTER		LESCOL XL.....	LICART	86
(GREEN).....	59	lessina	lidocaine	154
LAMICTAL ODT STARTER		LETAIRIS	lidocaine hcl.....	154
(ORANGE).....	59	letrozole	lidocaine hcl-hydrocortison ac	
LAMICTAL STARTER		leucovorin calcium .....	.....	154, 204, 205
(BLUE) KIT	59	LEUKERAN	LIDOCAINE HCL-	
LAMICTAL STARTER		LEUKINE.....	HYDROCORTISON AC .	204
(GREEN) KIT	59	leuprolide.....	lidocaine viscous	154
LAMICTAL STARTER		LEUPROLIDE (3 MONTH)..	lidocaine-hydrocortisone-aloe	
(ORANGE) KIT.....	60	levalbuterol hcl.....	.....	205
LAMICTAL XR.....	60	LEVALBUTEROL	lidocaine-prilocaine	154
LAMICTAL XR STARTER		TARTRATE	LIDOCAINE-TETRACAINE	
(BLUE).....	60	LEVAMLODIPINE .....	.....	154
LAMICTAL XR STARTER		LEVBID	lidocort.....	154
(GREEN).....	60	LEVEMIR FLEXPEN.....	LIDODERM.....	154
LAMICTAL XR STARTER		LEVEMIR U-100 INSULIN	lido-k.....	154
(ORANGE).....	60	levetiracetam	lidopin.....	154
lamivudine.....	8	LEVICYN ANTIPRURITIC	LIDOPIN	154
lamivudine-zidovudine.....	8	LEVICYN ANTIPRURITIC SG	LIDO-PRILO CAINE PACK	
lamotrigine	60	.....	.....	155
LAMPIT	20	levobunolol.....	LIDORX	155
LAMZEDE.....	171	levocarnitine	LIDOSOL	155
LANOXIN.....	121	levocarnitine (with sugar)....	lido-sorb.....	155
LANREOTIDE.....	43	levofloxacin.....	lidotor	155
lansoprazole.....	211	levofloxacin in d5w	LIDOTRAL	155
lanthanum.....	199	levonest (28).....	lidozion	155
			LIDTOPIC MAX.....	155

LIFEMS NALOXONE	86	LORBRENA	43	LYBALVI.....	99
LIKMEZ.....	20	LOREEV XR.....	98	lyleq	242
LILETTA	239	loryna (28).....	250	lyllana	242
LINCOCIN.....	20	LORZONE	74	LYMEPAK.....	28
lincomycin.....	20	losartan	115	LYNPARZA.....	44
linezolid.....	20	losartan-hydrochlorothiazide	115	LYRICA	61
linezolid in dextrose 5%.....	20	LOTEMAX	266	LYRICA CR.....	61
linezolid-0.9% sodium chloride	20	LOTEMAX SM.....	267	LYSODREN.....	44
.....	20	LOTENSIN	115	LYTGOBI.....	44
LINZESS.....	205	LOTENSIN HCT	115	LYUMJEV KWIKPEN U-100	
liothyronine	196	loteprednol etabonate	267	INSULIN	185
LIPITOR.....	131	LOTREL.....	115	LYUMJEV KWIKPEN U-200	
LIPOFEN	131	LOTREXONE.....	86	INSULIN	185
LIQREV	278	LOTRONEX	205	LYUMJEV TEMPO PEN(U-	
lisdexamfetamine	98	LOUTREX	142	100)INSULN	185
lisinopril	115	lovastatin	131	LYUMJEV U-100 INSULIN	
lisinopril-hydrochlorothiazide	115	LOVAZA.....	131	.....	185
.....	115	LOVENOX.....	126	LYVISPAH	74
LITFULO	171	low-ogestrel (28).....	250	lyza	242
lithium carbonate.....	98	loxapine succinate	98	M	
lithium citrate	98	LOYON.....	142	MACROBID.....	29
LITHOBID	98	lo-zumandimine (28).....	250	MACRODANTIN	29
LITHOSTAT	171	lubiprostone.....	205	mafenide acetate	156
LIVALO	131	LUCEMYRA.....	86	magnesium citrate.....	205
LIVIXIL PAK	155	LUCENTIS.....	260	MALARONE	20
LIVMARLI	205	ludent fluoride	290	MALARONE PEDIATRIC....	20
LIVTENCITY	8	lugols	156, 288	malathion	168
LO LOESTRIN FE.....	250	LULICONAZOLE	159	maraviroc	9
LOCOID.....	165	LUMAKRAS.....	43	MAR-COF CG	271
LOCOID LIPOCREAM.....	165	LUMIGAN	264	MARGENZA	44
LODINE.....	86	LUMIZYME	188	MARINOL	205
LODOCO	133	LUMRYZ	99	marlissa (28).....	250
LODOSYN.....	65	LUNESTA.....	99	MARNATAL-F	290
LOESTRIN 1.5/30 (21).....	250	LUNSUMIO.....	43	MARPLAN.....	99
LOESTRIN 1/20 (21).....	250	LUPKYNIS	43	MATULANE.....	44
LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT	44	matzim la	115
DAY).....	250	LUPRON DEPOT (3 MONTH)		MAVENCLAD (10 TABLET	
LOESTRIN FE 1/20 (28-DAY)	250	.....	44	PACK).....	218
.....	250	LUPRON DEPOT (4 MONTH)		MAVENCLAD (4 TABLET	
lofena.....	86	.....	44	PACK).....	219
lojaimiess.....	250	LUPRON DEPOT (6 MONTH)		MAVENCLAD (5 TABLET	
LOKELMA	199	.....	44	PACK).....	219
LOMOTIL.....	198	LUPRON DEPOT-PED	44	MAVENCLAD (6 TABLET	
LONSURF.....	43	LUPRON DEPOT-PED (3		PACK).....	219
LOPID	131	MONTH).....	44	MAVENCLAD (7 TABLET	
lopinavir-ritonavir	9	lurasidone	99	PACK).....	219
LOPRESSOR	115	lutera (28).....	250	MAVENCLAD (8 TABLET	
LOPROX (AS OLAMINE)..	158	LUXAMEND	142	PACK).....	219
LOPROX KIT	158, 159	LUXIQ.....	165	MAVENCLAD (9 TABLET	
lorazepam	98	LUXTURNA.....	260	PACK).....	219
lorazepam intensol.....	98	LUZU	159	MAVYRET	9

MAXALT.....	68	mesalamine with cleansing wipe		MIACALCIN	189
MAXALT-MLT	68	.....	205	mibelas 24 fe.....	251
MAXIDEX.....	267	MESNEX.....	31	micafungin.....	4
MAXITROL.....	265	MESTINON	74	MICARDIS.....	116
maxi-tuss ac.....	271	MESTINON TIMESPAN	74	MICARDIS HCT.....	116
MAXI-TUSS CD.....	271	metaxalone.....	74	MICONAZOLE NITRATE-	
MAXZIDE	115	METDRAY	142	ZINC OX-PET.....	159
MAXZIDE-25MG.....	115	metformin	193	miconazole-3	245
MAYZENT	219	METFORMIN.....	193	microgestin 1.5/30 (21)	251
MAYZENT STARTER(FOR		methadone	78	microgestin 1/20 (21)	251
1MG MAINT).....	219	methadose.....	78	microgestin fe 1.5/30 (28)	251
MAYZENT STARTER(FOR		methamphetamine	99	microgestin fe 1/20 (28)	251
2MG MAINT).....	219	methazolamide.....	263	midazolam	100
mb hydrogel.....	142	methenamine hippurate	29	MIDAZOLAM	100
mb hydrogel (cyclomethicone)		methenamine mandelate	29	midodrine.....	171
.....	142	methen-sod phos-meth blue-		migergot.....	68
MECLIZINE	205	hyos	286	miglitol	193
meclofenamate	86	methimazole	180	miglustat	189
MEDROL	178	METHITEST.....	188	MIGRANAL.....	68
MEDROL (PAK)	178	methocarbamol	74	MIGRANOW	68
medroxyprogesterone	243	METHOCARBAMOL	74	mili.....	251
mefenamic acid	86	methotrexate sodium	45	milk of magnesia	205
mefloquine.....	20	methotrexate sodium (pf)	45	milk of magnesia concentrated	
megestrol	44	methoxsalen.....	142	.....	205
MEKINIST.....	44, 45	methscopolamine.....	198	millipred	179
MEKTOVI	45	methsuximide	61	millipred dp	179
meloxicam	86	methyl salicylate.....	142	mimvey	243
MELOXICAM	86	methyl dopa	115	MIMYX.....	142
meloxicam submicronized.....	86	methyl dopa-hydrochlorothiazide		MINASTRIN 24 FE	251
melphalan	45	.....	115	MINIPRESS	116
melphalan hcl	45	methylergonovine.....	255	MINIVELLE	243
memantine	71	METHYLIN	99	MINOCIN.....	28
MEMANTINE	71	methylphenidate	100	minocycline	28
MENACTRA (PF)	224	methylphenidate hcl	99, 100	MINOCYCLINE	28
MENEST.....	243	METHYLPHENIDATE HCL		minoxidil.....	116
MENOSTAR.....	243	.....	100	MIOCHOL-E.....	258
MENQUADFI (PF).....	225	methylprednisolone	179	miostat	264
MENVEO A-C-Y-W-135-DIP		methyltestosterone.....	188	MIRAPEX ER	65
(PF).....	225	metoclopramide hcl	205	MIRCERA	214, 215
meperidine.....	78	metolazone.....	115	MIRENA	239
meprobamate	74	metoprolol succinate.....	115	mirtazapine	100
MEPRON	20	metoprolol ta-hydrochlorothiaz		MIRVASO.....	149
MEPSEVII	188	.....	115	misoprostol	211
mercaptapurine.....	45	metoprolol tartrate	116	MITIGARE.....	230
meropenem.....	20	metro i.v.....	21	mitomycin.....	45
MEROPENEM.....	20	METROCREAM.....	149	mitoxantrone.....	45
MEROPENEM-0.9% SODIUM		METROGEL	149	MKO (MIDAZOLAM-	
CHLORIDE.....	21	metronidazole	21, 149, 245	KETAMINE-ONDAN)	100
merzee	251	metronidazole in nacl (iso-os)	21	M-M-R II (PF).....	225
mesalamine.....	205	metyrosine	116	m-natal plus	290
		mexiletine	108	modafinil.....	100

MODERNA COVID 23-24(6M-11Y)PF	225	mycophenolate mofetil (hcl) ..	45	natura-lax	206
moexipril	116	mycophenolate sodium	45	NAYZILAM	61
molindone	100	MYDAYIS	100	nebivolol	116
mometasone	165, 278	MYDRIACYL	258	NEBUPENT	21
mondoxyne nl	28	MYDRIATIC4(TROP-PROP-PE-KTRLC)	260	nebusal	278
MONJUVI	45	MYFEMBREE	245	NEBUSAL	278
MONODOX	28	MYFORTIC	46	necon 0.5/35 (28)	251
mono-linyah	251	MYLERAN	46	nefazodone	100
MONOVISC	86	MYLOTARG	46	nelarabine	46
montelukast	278	mynatal	290	NENDRUX	139
morgidox	29	mynatal plus	290	neomycin	21
MORGIDOX 1X 50	28	mynatal-z	290	neomycin-bacitracin-poly-hc	265
MORGIDOX 1X100	29	MYOBLOC	225	neomycin-bacitracin-polymyxin	256
morphine	79	MYRBETRIQ	284	neomycin-polymyxin b gu	168
morphine concentrate	78	MYSOLINE	61	neomycin-polymyxin b-dexameth	265
MOTEGRITY	206	MYTESI	198	neomycin-polymyxin-gramicidin	256
MOTOFEN	198	N		neomycin-polymyxin-hc	177, 265
MOTPOLY XR	61	nabumetone	86	NEONATAL COMPLETE ..	291
MOUNJARO	193	nadolol	116	NEONATAL PLUS VITAMIN	291
MOVANTIK	206	nafcellin	25	NEONATAL-DHA	291
MOVIPREP	206	nafcellin in dextrose iso-osm ..	25	neo-polycin	256
MOXATAG	25	naftifine	159	neo-polycin hc	265
MOXICAINE	155	NAFTIN	159	NEORAL	46
moxifloxacin	26, 256	NAGLAZYME	189	NEOSALUS	142
MOXIFLOXACIN (PF)-BSS	255	NALFON	86	NEO-SYNALAR	156
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	256	NALOCET	79	NEO-SYNALAR KIT	156
MOXIFLOXACIN-SOD.ACE,SUL-WATER ...	26	naloxone	86, 87	nephronex-sl	291
moxifloxacin-sod.chloride(iso)	26	NALTREX	87	NERLYNX	46
MOZOBIL	215	naltrexone	87	NESINA	193
MS CONTIN	79	NAMENDA	71	NESTABS	291
MUGARD	176	NAMENDA TITRATION PAK	71	NESTABS ABC	291
MULPLETA	126	NAMENDA XR	71	NESTABS DHA	291
MULTAQ	108	NAMZARIC	71, 72	neuac	149
multi-vitamin with fluoride ..	290	NANRAN	156	NEUAC KIT	149
mupirocin	156	NAPRELAN CR	87	NEULASTA	215
mupirocin calcium	156	NAPROSYN	87	NEULASTA ONPRO	215
MVASI	45	naproxen	87	NEUPOGEN	215
mvc-fluoride	290	naproxen sodium	87	NEUPRO	65
my choice	251	naproxen-esomeprazole	87	NEURONTIN	61
my way	251	naratriptan	68	NEVANAC	262
MYALEPT	189	NARCAN	87	nevirapine	9
MYAMBUTOL	21	NARDIL	100	new day	251
MYCAMINE	4	NATACHEW (FE BIS-GLYCINATE)	290	newgen	291
MYCAPSSA	45	NATACYN	256	NEXAVAR	46
MYCOBUTIN	21	NATAL PNV	291	NEXICLON XR	116
mycophenolate mofetil	45	NATAZIA	251	NEXIUM	211
		nateglinide	193		
		NATROBA	168		

NEXIUM PACKET	211	norethindrone (contraceptive)	243	NUCARARXPAK.....	149
NEXLETOL	131	.....	243	NUCORT.....	165
NEXLIZET.....	131	norethindrone acetate	243	NUCYNTA.....	87
NEXOBRID	168	norethindrone ac-eth estradiol	243, 251	NUCYNTA ER	87
NEXPLANON	245	.....	243, 251	NUDERMRXPAK	136
NEXTSTELLIS.....	251	norethindrone-e.estradiol-iron	251, 252	NUDICLO SOLUPAK.....	87
NEXVIAZYME	189	.....	251, 252	NUEDEXTA	72
NGENLA	216	NORGESIC	74	NUJO.....	143
niacin	131	NORGESIC FORTE	74	NUJU.....	143
NIACOR.....	131	norgestimate-ethinyl estradiol	252	NULEV.....	198
nicardipine.....	116	.....	252	NULIBRY	72
NICODERM CQ.....	174	NORITATE	149	NULOJIX	46
nicorette.....	174	NORLIQVA	116	NUMBONEX.....	155
NICORETTE.....	174	NORPACE	108	NUMBRINO	155
nicotine.....	174	NORPACE CR.....	108	NUPLAZID	100
nicotine (polacrilex)	174	NORPRAMIN.....	100	NURTEC ODT.....	68
NICOTROL.....	174	NORTHERA	171	NUTRASEB.....	143
NICOTROL NS.....	174	nortrel 0.5/35 (28).....	252	NUTRIARX	165
nifedipine.....	116	nortrel 1/35 (21).....	252	NUTROPIN AQ NUSPIN....	217
nikki (28).....	251	nortrel 1/35 (28).....	252	NUVARING.....	245
NILANDRON	46	nortrel 7/7/7 (28)	252	NUVESSA.....	245
nilutamide.....	46	nortriptyline.....	100	NUVIGIL	101
nimodipine.....	116	NORVASC.....	116	NUWIQ	126
NINJACOF-XG	271	NORVIR.....	9	NUZYRA	29
NINLARO	46	NOURIANZ	66	nyamyc	159
NIPENT.....	46	NOVACORT.....	206	nylia 1/35 (28)	252
nisoldipine	116	NOVAVAX COVID 2023-	225	nylia 7/7/7 (28)	252
nitazoxanide	21	24(PF)(EUA).....	225	NYMALIZE	116
nitisinone	171	NOVOEIGHT	126	nymyo	252
nitro-bid.....	134	NOVOLIN 70-30 FLEXPEN U-	185	NYNUTEY.....	155
NITRO-DUR.....	134	100.....	185	nystatin	4, 159
nitrofurantoin.....	30	NOVOLIN N FLEXPEN	185	nystatin-triamcinolone.....	159
NITROFURANTOIN.....	30	NOVOLIN R FLEXPEN.....	185	nystop	159
nitrofurantoin macrocrystal....	30	NOVOLOG FLEXPEN U-100	185	NYVEPRIA	215
nitrofurantoin monohyd/m-cryst	30	INSULIN	185	O	
.....	30	NOVOLOG MIX 70-30 U-100	186	OB COMPLETE ONE	291
nitroglycerin	134	INSULN	186	OB COMPLETE PETITE	291
NITROLINGUAL.....	134	NOVOLOG MIX 70-	186	OB COMPLETE PREMIER	291
NITROMIST	134	30FLEXPEN U-100	186	OB COMPLETE WITH DHA	291
NITROSTAT.....	134	NOVOLOG PENFILL U-100	186	.....	291
nitro-time.....	134	INSULIN	186	OBIZUR	126
NITYR.....	171	NOVOLOG U-100 INSULIN	186	OCALIVA	206
niva thyroid	196	ASPART.....	186	ocella.....	252
NIVESTYM.....	215	NOVOSEVEN RT	126	OCREVUS	219
nizatidine	211	NOXAFIL	4	OCTAGAM.....	225
NOCDURNA (MEN).....	189	NOXIPAK.....	165	octreotide acetate	46
NOCDURNA (WOMEN)....	189	np thyroid	196	OCUFLOX	256
NOCTIVA.....	189	NPLATE.....	126	ODEFSEY	9
nora-be.....	243	NUBEQA	46	ODOMZO.....	46
NORDITROPIN FLEXPRO	217	NUCALA	278	OFEV	278
noreth-ethinyl estradiol-iron.	251	NUCARACLINPAK.....	149	ofloxacin.....	26, 177, 256

OGIVRI.....	46	ONIVYDE.....	47	ORTHOVISC	88
OJJAARA.....	46	ONPATTRO.....	72	ORTIKOS.....	206
olanzapine.....	101	ONTRUZANT.....	47	oscimin	198
olanzapine-fluoxetine.....	101	ONUREG	47	oscimin sl.....	198
olmesartan	116	ONZDEAXIADEMTAR.....	149	oseltamivir	9
olmesartan-amlodipin-hcthiazid	117	ONZDEAXIADEMVAR	149	OSENI	193
olmesartan-hydrochlorothiazide	117	ONZDEAXIATAR	149	OSMOLEX ER.....	66
olopatadine	176	ONZDEAXIAVAR	150	OSPHENA.....	245
OLPRUVA.....	171	ONZDEAXIAZAR	150	OTEZLA.....	237
OLUMIANT.....	237	ONZDEOXIA	150	OTEZLA STARTER.....	237
OLUX.....	165	ONZETRA XSAIL.....	68	OTOVEL	178
OLUX-E.....	166	opcicon one-step.....	252	OTREXUP (PF).....	237
OMECLAMOX-PAK	212	OPDIVO.....	47	OVACE	136
omega-3 acid ethyl esters	131	OPDUALAG	47	OVACE PLUS.....	136
omeprazole	212	OPFOLDA.....	189	OVACE PLUS SHAMPOO.....	136
omeprazole-sodium bicarbonate	212	opium tincture.....	198	OVACE PLUS WASH.....	136
OMIDRIA	260	OPSUMIT	279	OVIDE.....	168
OMNARIS	279	option-2	252	oxacillin	25
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	181	OPVEE	88	oxacillin in dextrose(iso-osm).....	25
OMNIPOD 5 G6 PODS (GEN 5).....	181	OPZELURA	143	oxaliplatin.....	47
OMNIPOD CLASSIC PODS (GEN 3).....	181	ORACEA.....	29	oxaprozin	88
OMNIPOD DASH INTRO KIT (GEN 4).....	181	ORACIT	286	OXAYDO.....	79
OMNIPOD DASH PODS (GEN 4).....	181	oral saline laxative.....	206	oxazepam.....	101
OMNIPOD GO PODS 10 UNITS/DAY	181	ORALAIR	225	OXBRYTA.....	171
OMNITROPE.....	217	oralone.....	176	oxcarbazepine.....	61
OMVOH.....	206	ORAMAGICRX.....	176	OXERVATE.....	260
OMVOH PEN	206	ORAPEUTIC.....	176	OXIAICE.....	150
ONCASPAR	47	ORAPRED ODT	179	OXIANUJO	143
ondansetron	206	ORAVIG	4	OXIANUJO (WITH HYALURONATE).....	143
ondansetron hcl	206	ORBACTIV.....	21	OXIATAR	150
one daily prenatal	291	ORENCIA	237	OXIAVAR.....	150
onelax magnesium citrate.....	206	ORENCIA (WITH MALTOSE)	237	OXIAVARRY	150
ONETOUCH ULTRA TEST	180	ORENCIA CLICKJECT	237	OXIAVARY.....	150
ONETOUCH ULTRA2 METER	181	ORENITRAM	117	OXIAZAR	150
ONETOUCH VERIO TEST STRIPS.....	180	ORENITRAM MONTH 1 TITRATION KT	117	oxiconazole.....	159
ONEXTON.....	149	ORENITRAM MONTH 2 TITRATION KT	117	OXISTAT	159
ONFI.....	61	ORENITRAM MONTH 3 TITRATION KT	117	OXLUMO.....	286
ONGENTYS	66	ORFADIN	171	OXTELLAR XR	61
ONGLYZA.....	193	ORGOVYX.....	47	oxybutynin chloride.....	284
		ORIAHNN.....	245	OXYBUTYNIN CHLORIDE	284
		ORLISSA	189	oxycodone.....	79
		ORKAMBI.....	279	OXYCODONE.....	79
		ORLADEYO	279	oxycodone-acetaminophen	79, 80
		orphenadrine citrate.....	74	OXYCONTIN	80
		orphenadrine-asa-caffeine	74	oxymorphone.....	80
		orphengesic forte	75	OXYTROL	285
		ORSERDU	47	OZEMPIC.....	193
				OZOBAX	75

OZOBAX DS	75	peg3350-sod sul-nacl-kcl-asb-c	206	PHENYTEK	62
OZURDEX	267	PEGASYS	217	phenytoin	62
P		peg-electrolyte soln	207	phenytoin sodium extended ...	62
pacerone	108	PEMAZYRE	47	PHEODOYO	143
paclitaxel	47	PEMETREXED	47, 48	PHEOXIA	159
PACLITAXEL PROTEIN- BOUND	47	pemetrexed disodium	47	PHESGO	48
PACNEX	150	PEMETREXED DISODIUM	47	PHEXXI	245
PADCEV	47	PEMFEXY	48	PHEYO	159
PALFORZIA (LEVEL 1) ...	225	penciclovir	160	philith	252
PALFORZIA (LEVEL 2) ...	225	penicillamine	237, 238	phosphate laxative	207
PALFORZIA (LEVEL 3) ...	225	PENICILLIN G POT IN DEXTROSE	25	PHOSPHOLINE IODIDE ...	257
PALFORZIA (LEVEL 4) ...	225	penicillin g potassium	25	PHOTOFRIN	48
PALFORZIA (LEVEL 5) ...	225	penicillin g sodium	25	PHOTREXA CROSS- LINKING KIT	260
PALFORZIA (LEVEL 6) ...	226	penicillin v potassium	25	PHOTREXA VISCOUS	260
PALFORZIA (LEVEL 7) ...	226	PENNSAID	88	PHYSIOLYTE	168
PALFORZIA (LEVEL 8) ...	226	PENTACEL (PF)	226	PHYSIOSOL IRRIGATION	168
PALFORZIA (LEVEL 9) ...	226	PENTAM	21	PIFELTRO	9
PALFORZIA (LEVEL 10) ...	226	pentamidine	21	pilocarpine hcl	172, 176, 258
PALFORZIA INITIAL DOSE	226	PENTASA	207	pimecrolimus	143
PALFORZIA LEVEL 11 MAINTENANCE	226	pentazocine-naloxone	88	pimozide	101
paliperidone	101	pentoxifylline	127	pimtrea (28)	252
PALYNZIQ	189	PEPCID	212	pindolol	117
PAMELOR	101	PERCOCET	80	pioglitazone	193
PANCREAZE	206	PERFOROMIST	279	pioglitazone-glimepiride	194
PANDEL	166	PERIDEX	176	pioglitazone-metformin	194
PANRETIN	143	perindopril erbumine	117	piperacillin-tazobactam	25
pantoprazole	212	periogard	176	PIQRAY	48
PANZYGA	226	PERJETA	48	pirfenidone	279
PARAGARD T 380A	239	permethrin	168	PIRFENIDONE	279
paraplatin	47	perphenazine	101	piroxicam	88
paricalcitol	189	perphenazine-amitriptyline ...	101	pitavastatin calcium	131
PARLODEL	66	PERTZYE	207	PLAN B ONE-STEP	252
PARNATE	101	PFIZER COVID 2023-24(5Y- 11Y)PF	226	PLAQUENIL	21
paroex oral rinse	176	PFIZER COVID 2023-24(6MO- 4Y)PF	226	PLAVIX	127
paromomycin	21	pfizerpen-g	25	PLEGRIDY	219
paroxetine hcl	101	PHEBURANE	172	PLENVU	207
paroxetine mesylate(menop.sym)	101	PHEDRAX	159	plerixafor	215
PASER	21	phenazopyridine	287	PLEXION	150
PATANASE	176	phenelzine	101	PLEXION CLEANSING CLOTHS	150
PAXIL	101	phenobarb-hyoscy-atropine-scop	198, 199	PLEXION NS	136
PAXIL CR	101	phenobarbital	61	PLIAGLIS	155
PAXLOVID	9	phenohydro	199	PNEUMOVAX-23	227
pazopanib	47	phenoxymethylamine	117	PNV TABS 20-1	292
PEDIARIX (PF)	226	phenylephrine hcl	268	pnv-select	292
PEDIZOL PAK	159	PHENYLEPH-TROPICAMIDE IN WATER	258	PODOCON	139
PEDVAX HIB (PF)	226			podofilox	143
peg 3350-electrolytes	206			POKONZA	288
				POLIVY	48
				polycin	256

polyethylene glycol 3350	207	PREDNISOLONE SOD PH-		PRESTALIA.....	117
polymyxin b sulfate.....	21	MOXIFLOX.....	265	PRETOMANID.....	21
polymyxin b sulf-trimethoprim		prednisolone sodium phosphate		PREVACID.....	212
.....	256	.....	179, 267	PREVACID SOLUTAB.....	212
POLY-TUSSIN AC.....	271	PREDNISOLONE-MOXIFLO-		prevalite.....	131
POMALYST.....	48	NEPAFENAC.....	261	PREVIDENT.....	176
POMBILITI.....	189	PREDNISOLONE-		PREVIDENT 5000 BOOSTER	
PONVORY.....	219	MOXIFLOXACIN HCL..	265	PLUS.....	176
PONVORY 14-DAY		PREDNISOLONE-		PREVIDENT 5000 ENAMEL	
STARTER PACK.....	219	MOXIFLOX-BROMFEN	261	PROTECT.....	176
portia 28.....	252	prednisone.....	179	PREVIDENT 5000 ORTHO	
PORTRAZZA.....	48	prednisone intensol.....	179	DEFENSE.....	176
posaconazole.....	4	pregabalin.....	62	PREVIDENT 5000 PLUS...	176
potassium chloride.....	288	PREGEN DHA.....	292	PREVIDENT 5000 SENSITIVE	
potassium citrate.....	286	PREGENNA.....	292	.....	176
potassium iodide.....	180	PREHEVBRIO (PF).....	227	PREVNAR 13 (PF).....	227
POTELIGEO.....	48	PREMARIN.....	243	PREVNAR 20 (PF).....	227
powderlax.....	207	PREMPHASE.....	243	PREVYMIS.....	9
PR BENZOYL PEROXIDE.	150	PREMPRO.....	243	PREZCOBIX.....	9
pr natal 400.....	292	prenal chew.....	292	PREZISTA.....	9, 10
pr natal 400 ec.....	292	prenal pearl.....	292	PRIFTIN.....	21
pr natal 430.....	292	prenal true.....	292	PRILO PATCH.....	155
pr natal 430 ec.....	292	PRENATA.....	292	priloheal plus 30.....	155
PRADAXA.....	127	prenatabs fa.....	292	PRILOSEC.....	212
PRALATREXATE.....	48	prenatabs rx.....	292	PRILOVIX.....	155
PRALUENT PEN.....	131	prenatal.....	292	PRILOVIX LITE PLUS.....	155
pramipexole.....	66	prenatal complete.....	292	PRILOVIX ULTRALITE PLUS	
PRAMOSONE.....	137	prenatal multi-dha (algal oil)	292	.....	155
prasugrel.....	127	prenatal multivitamins.....	292	PRIMACARE.....	293
pravastatin.....	131	prenatal one daily.....	292	primaquine.....	21
praziquantel.....	21	prenatal plus.....	293	PRIMAXIN IV.....	22
prazosin.....	117	prenatal plus (calcium carb) .	293	primidone.....	62
PRECOSE.....	194	PRENATAL PLUS DHA....	293	PRIMIDONE.....	62
PRED FORTE.....	267	PRENATAL PLUS VITAMIN-		PRIMLEV.....	80
PRED MILD.....	267	MINERAL.....	293	PRIMSOL.....	30
prednicarbate.....	166	prenatal vit no.179-iron-folic	293	PRIORIX (PF).....	227
PREDNISOL ACE-		prenatal vitamin.....	293	PRISTIQ.....	102
GATIFLOX-BROMFEN .	260	prenatal vitamin with minerals		PRIVIGEN.....	227
PREDNISOLN SP-		.....	293	PROAIR DIGIHALER.....	279
GATIFLOX-BROMFEN .	261	PRENATE DHA (FERR ASP		PROAIR RESPICLICK.....	279
PREDNISOLN SP-		GLYCIN).....	293	probenecid.....	230
MOXIFLOX-BROMFEN	261	PRENATE ELITE (IRON ASP		probenecid-colchicine.....	230
prednisolone.....	179	GLYC).....	293	PROCARDIA XL.....	117
prednisolone acetate.....	267	PRENATE ENHANCE.....	293	procentra.....	102
PREDNISOLONE ACETATE		PRENATE MINI (FERR ASP		prochlorperazine.....	207
(PF).....	267	GLYCIN).....	293	prochlorperazine maleate.....	207
PREDNISOLONE ACETATE-		PRENATE PIXIE.....	293	PROCORT.....	207
BROMFENAC.....	261	PRENATE RESTORE.....	293	PROCRIT.....	215
PREDNISOLONE ACETATE-		PRENATE STAR.....	293	PROCTOCORT.....	207
NEPAFENAC.....	261	PREPIDIL.....	245	PROCTOFOAM HC.....	207
		PRESERA.....	143	procto-med hc.....	207

proctosol hc	207	PYLERA	213	RADIOGARDASE.....	172
proctozone-hc	207	pyrazinamide	22	raloxifene.....	231
PROCYSBI	286	PYRIDIDIUM	287	ramelteon	102
PROFILNINE.....	127	pyridostigmine bromide	75	ramipril	118
PROFINAC	88	PYRIDOSTIGMINE		ranolazine	133
progesterone	243	BROMIDE.....	75	RAPAFLO.....	285
progesterone micronized	243	pyrimethamine.....	22	RAPAMUNE.....	49
PROGLYCEM	181	PYRUKYND.....	172	RAPIVAB (PF)	10
PROGRAF	48	Q		rasagiline.....	66
PROLASTIN-C.....	172	QBRELIS	118	RASUVO (PF).....	238
prolate.....	80	QBREXZA	143	RAVICTI.....	172
PROLATE.....	80	QDOLO	88	RAYALDEE.....	189
PROLENSA	262	QELBREE	102	RAYASAL	139
PROLEUKIN	215	QINLOCK.....	49	RAYOS.....	179
PROLIA	231	QNASL.....	280	REALHEAL-I	155
PROMACTA.....	127	QTERN.....	194	REBIF (WITH ALBUMIN).....	219
promethazine	270	QUADRACEL (PF)	227	REBIF REBIDOSE	220
promethazine vc	271	QUALAQUIN	22	REBIF TITRATION PACK.....	220
promethazine vc-codeine.....	271	QUARTETTE	252	REBINYN	127
promethazine-codeine	272	QUAZEPAM.....	102	REBLOZYL	215
promethazine-dm.....	272	QUDEXY XR.....	62	REBYOTA	207
promethegan	270	QUESTRAN.....	131	RECARBRIO	22
PROMETRIUM	243	QUESTRAN LIGHT.....	131	RECLAST	172
PROMISEB.....	143	quetiapine	102	reclipsen (28).....	252
PRONAL.....	143	QUETIAPINE	102	RECOMBINATE	127
propafenone.....	108	QUIDROXZAR.....	230	RECOMBIVAX HB (PF).....	227
proparacaine	261	QUIHOXAXIA	230	RECORLEV	189
propranolol	117	QUIHOXVAR.....	230	RECTIV.....	208
propranolol-hydrochlorothiazid		QUILLICHEW ER.....	102	REGEN-COV (EUA).....	10
.....	117	QUILLIVANT XR.....	102	REGLAN.....	208
propylthiouracil	180	quinapril.....	118	REGRANEX	143
PROQUAD (PF)	227	quinapril-hydrochlorothiazide		RELAFEN DS	88
PROSCAR.....	285	.....	118	RELAGARD	245
PROTHELIAL	176	quinidine gluconate	108	RELENZA DISKHALER	10
PROTONIX.....	212, 213	quinidine sulfate	108	RELEUKO	215
protriptyline.....	102	quinine sulfate	22	RELEXXII.....	103
PROVENTIL HFA.....	279	QUINIXIL	166	RELION NOVOLIN 70/30 ..	186
PROVERA	244	QUINJA.....	156	RELION NOVOLIN N	186
PROVIDA OB.....	294	quit 2.....	174	RELION NOVOLIN R.....	186
PROVIGIL	102	quit 4.....	174	RELISTOR.....	208
PROZAC	102	QULIPTA.....	68	RELPAK.....	68
pruclair	143	QUTENZA	143	RELTONE	208
prudoxin	143	QUVIVIQ.....	102	RELYVRIO	72
prumyx	143	QVAR REDIHALER	280	REMERON.....	103
PULMICORT.....	279	R		REMERON SOLTAB.....	103
PULMICORT FLEXHALER		RABAVERT (PF)	227	REMICADE	208
.....	279	rabeprazole	213	REMODULIN	118
pulmosal	280	RABEPRAZOLE	213	RENACIDIN	286
PULMOZYME.....	280	RADICAVA.....	72	rena-vite.....	294
purelax	207	RADICAVA ORS STARTER		RENFLEXIS.....	208
PURIXAN	48	KIT SUSP.....	72	RENVELA	199

repaglinide.....	194	rivelsa	252	salicylic acid-ceramides no.1	139
REPATHA PUSHTRONEX	132	RIXUBIS	127	salimez.....	140
REPATHA SURECLICK ...	132	rizatriptan.....	68	SALIMEZ FORTE	140
REPATHA SYRINGE.....	132	R-NATAL OB.....	294	salsalate.....	88
RESPA-AR.....	272	ROAOXIA.....	88	salvax.....	140
RESTASIS	261	ROBINUL	199	SALVAX DUO PLUS	140
RESTASIS MULTIDOSE ...	261	ROBINUL FORTE.....	199	SAMSCA.....	189
RESTORIL.....	103	ROCKLATAN	264	SANCUSO	208
RETACRIT	216	roflumilast	280	SANDIMMUNE.....	50
RETEVMO.....	49	ROLVEDON	216	SANDOSTATIN	50
RETIN-A.....	150	romidepsin.....	49	SANDOSTATIN LAR DEPOT	
RETIN-A MICRO.....	150	ROMIDEPSIN.....	49	.....	50
RETIN-A MICRO PUMP ...	150	ropinirole	66	SANTYL	168
RETISERT	267	rosadan.....	151	SAPHNELO	50
RETROVIR.....	10	ROSADAN.....	151	SAPHRIS.....	103
REVATIO	280	ROSULA.....	151	sapropterin	189
REVCОВI.....	172	rosula cleansing cloths.....	151	SARCLISA.....	50
REVLIMID	49	rosuvastatin.....	132	SAROXIA	151
REXULTI.....	103	ROSZET	132	SAVAYSA	127
REYATAZ	10	ROTARIX	227	SAVELLA	238
REYVOW	68	ROTATEQ VACCINE.....	228	saxagliptin.....	194
REZLIDHIA.....	49	ROWASA.....	208	saxagliptin-metformin	194
REZUROCK	49	roweepra	62	scalacort.....	166
REZVOGLAR KWIKPEN ..	186	ROXICODONE.....	80	SCALACORT DK.....	166
REZZAYO	4	ROXYBOND	80	SCSEMBLIX.....	50
RHOFADE.....	151	ROZEREM.....	103	SCENESSE.....	143
RHOPRESSA.....	264	ROZLYTREK	49	scopolamine base.....	208
RIABNI	49	RUBRACA.....	49	SEBUDERM	143
RIASTAP	127	RUCONEST	280	SECUADO	104
ribavirin	10, 214	rufinamide	62	SEGLENTIS.....	80
RIDAURA.....	238	RUKOBIA.....	10	SEGLUROMET	194
rifabutin	22	RUXIENCE.....	49	SELECT-OB.....	294
RIFADIN.....	22	RYALTRIS	280	SELECT-OB (FOLIC ACID)	
rifampin	22	RYBELSUS.....	194	.....	294
RILUTEK.....	172	RYBREVANT.....	49	SELECT-OB + DHA.....	294
riluzole.....	172	RYCLORA.....	270	selegiline hcl.....	66
rimantadine.....	10	RYDAPT	49	selenium sulfide.....	137
ringer's.....	168	RYLAZE	50	SELZENTRY	10
RINVOQ	238	RYNODERM	143	SEMGLEE(INSULIN	
RIOMET.....	194	RYSTIGGO.....	75	GLARGINE-YFGN)	186
RIOMET ER	194	RYTARY.....	66	SEMGLEE(INSULIN GLARG-	
risedronate	172, 231	RYTHMOL SR	108	YFGN)PEN	186
RISPERDAL	103	RYVENT.....	270	se-natal 19 chewable.....	294
risperidone.....	103	S		se-natal-19	294
RITALIN.....	103	SABRIL.....	62	SENSIPAR	190
RITALIN LA.....	103	SAFYRAL.....	253	SEREVENT DISKUS	280
ritonavir	10	sajazir.....	280	SERNIVO.....	166
RITUXAN.....	49	SALAGEN (PILOCARPINE)		SEROQUEL	104
RITUXAN HYCELA.....	49	.....	172, 176	SEROQUEL XR.....	104
rivastigmine.....	72	SALICATE.....	139	SEROSTIM	217
rivastigmine tartrate.....	72	salicylic acid.....	139	sertraline	104

SERTRALINE	104	sodium phenylbutyrate	172	st joseph aspirin	88
setlakin	253	sodium polystyrene sulfonate		st. joseph aspirin	88
sevelamer carbonate	199	.....	200	STALEVO 100	66
sevelamer hcl.....	200	sodium,potassium,mag sulfates		STALEVO 125	66
SEVENFACT	127	.....	208	STALEVO 150	66
SEYSARA.....	29	SOFOSBUVIR-		STALEVO 200	66
sf 176		VELPATASVIR.....	10	STALEVO 50	66
sf 5000 plus	176	SOGROYA.....	217	STALEVO 75	67
SFROWASA	208	SOHONOS	173	STAMARIL (PF).....	228
sharobel	244	solifenacin	285	stavudine.....	10
SHINGRIX (PF).....	228	SOLQUA 100/33	186	STEGLATRO	194
SIGNIFOR	50	SOLIRIS.....	173	STEGLUJAN	194
SIGNIFOR LAR	50	SOLODYN.....	29	STELARA	137
SIKLOS.....	50	SOLOSEC	22	STIMUFEND	216
sildenafil (pulm.hypertension)		SOLOX GEL.....	143	STIOLTO RESPIMAT.....	281
.....	280	SOLTAMOX.....	50	STIVARGA.....	51
SILENOR.....	104	SOMA	75	stop smoking aid.....	174
SILIQ.....	137	SOMATULINE DEPOT	51	STRATTERA	104
silodosin	285	SOMAVERT	190	STRENSIQ.....	190
SILVADENE	139	sonafine	144	STREPTOMYCIN	22
silver nitrate.....	143	SOOLANTRA.....	151	stress formula with iron.....	294
silver nitrate applicators	143	sorafenib	51	stress formula with iron(sulf)294	
silver sulfadiazine.....	139	SORBITOL	168	STRIBILD	11
SILVRSTAT	157	SORBITOL-MANNITOL....	169	STRIVERDI RESPIMAT	281
SIMBRINZA.....	264	SORILUX.....	137	STROMECTOL	22
simliya (28)	253	sotalol	108	strong iodine	157, 288
simpesse	253	sotalol af	108	SUBLOCADE	81
SIMPONI	238	SOTYKTU	137	SUBOXONE	88
SIMPONI ARIA.....	238	SOTYLIZE.....	108	subvenite.....	62
SIMULECT	50	SOVALDI	10	subvenite starter (blue) kit.....	62
simvastatin.....	132	SPEVIGO	137	subvenite starter (green) kit....	62
SINEMET.....	66	SPIKEVAX 2023-2024(12Y		subvenite starter (orange) kit..	62
SINGULAIR	280, 281	UP)(PF)	228	SUCRAID.....	208
SINUVA.....	281	spinosad.....	168	sucrafate.....	213
sirolimus.....	50	SPIRIVA RESPIMAT.....	281	SUFLAVE	209
SIRTURO.....	22	SPIRIVA WITH		SULAR.....	118
SIVEXTRO	22	HANDHALER.....	281	SULCONAZOLE	160
SKYADERM-LP	155	spironolactone	118	sulfacetamide sodium ...	137, 268
SKYCLARYS	72	spironolacton-hydrochlorothiaz		sulfacetamide sodium (acne) 157	
SKYLA.....	240	.....	118	sulfacetamide sodium-sulfur 151	
SKYRIZI.....	137, 208	SPORANOX	4, 5	SULFACETAMIDE SODIUM-	
SKYSONA.....	72	SPRAVATO.....	104	SULFUR.....	151
SKYTROFA.....	217	sprintec (28).....	253	sulfacetamide sod-sulfur-urea	
SLYND.....	253	SPRITAM.....	62	.....	151
smoothlax	208	SPRIX.....	88	sulfacetamide-prednisolone..	267
SOANZ.....	118	SPRYCEL	51	sulfacleanse 8-4	151
sodium chloride.....	172, 281	sps (with sorbitol).....	200	sulfadiazine.....	27
sodium chloride 0.9 %.....	172	sronyx	253	sulfamethoxazole-trimethoprim	
sodium fluoride 5000 plus....	177	ssd.....	139	.....	27
sodium fluoride-pot nitrate... 177		SSKI	180	SULFAMYLON.....	157
SODIUM OXYBATE	104	sss 10-5	151	sulfasalazine	209

sulfatrim	27	SYNTHROID	196	TAZVERIK	52
sulindac.....	88	SYPRINE	173	TDVAX	228
SUMADAN.....	152	T		TECARTUS	52
SUMADAN XLT.....	152	TABLOID	51	TECENTRIQ.....	52
sumatriptan	68	TABRECTA	51	TECFIDERA	220
sumatriptan succinate	69	TACLONEX	138	TECVAYLI	52
sumatriptan-naproxen.....	69	tacrolimus	51, 144	TEFLARO	15
SUMAXIN	152	tadalafil (pulm. hypertension)		TEGRETOL	63
SUMAXIN CP	152	.....	281	TEGRETOL XR.....	63
SUMAXIN TS.....	152	TADLIQ	281	TEGSEDI	72
sunitinib malate	51	TAFINLAR	51	TEKTURNAL.....	118
SUNLENCA.....	11	tafluprost (pf).....	264	TEKTURNAL HCT.....	118
SUNOSI	104	TAGRISSE	51	telmisartan	118
super b maxi complex	294	TAKE ACTION	253	telmisartan-amlodipine	118
super quints	294	TAKHZYRO	281	telmisartan-hydrochlorothiazid	
SUPPRELIN LA	51	TALICIA.....	213	.....	118
SUPREP BOWEL PREP KIT		TALTZ AUTOINJECTOR ..	138	temazepam.....	104
.....	209	TALTZ AUTOINJECTOR (2		TEMBEXA.....	11
SURE RESULT TAC PAK..	166	PACK).....	138	TEMODAR	52
SUSVIMO.....	261	TALTZ AUTOINJECTOR (3		TEMOVATE	166
SUSVIMO (INITIAL FILL)	261	PACK).....	138	temozolomide	52
SUTAB.....	209	TALTZ SYRINGE	138	temsirolimus	52
SUTENT.....	51	TALVEY	51	tencon	81
syeda.....	253	TALZENNA.....	51	TENIPOSIDE.....	52
SYLVANT	51	TAMIFLU	11	TENIVAC (PF)	228
SYMAX DUOTAB.....	199	tamoxifen.....	52	tenofovir disoproxil fumarate .	11
symax fastabs	199	tamsulosin.....	285	TENORETIC 100.....	118
symax-sl	199	TAPERDEX	179	TENORETIC 50.....	119
symax-sr	199	TARCEVA	52	TENORMIN	119
SYMBICORT.....	281	TARDEOXIA.....	152	TEPADINA	52
SYMBYAX.....	104	TARDIMAXIA	152	TEPEZZA.....	190
SYMDEKO	281	TARGADOX.....	29	TEPMETKO.....	52
SYMFI.....	11	TARGRETIN	52	terazosin.....	119
SYMFI LO	11	tarina 24 fe.....	253	terbinafine hcl.....	5
SYMJEPI.....	270	tarina fe 1/20 (28).....	253	terbutaline	281
SYMLINPEN 120	194	TAROXIA.....	152	terconazole.....	245
SYMLINPEN 60	194	TARPEYO.....	179	teriflunomide	220
SYMPAZAN.....	63	TASCENSO ODT	220	TERIPARATIDE	231
SYMPROIC	209	TASIGNA	52	TERLIVAZ.....	190
SYMTUZA.....	11	tasimelteon.....	104	TERSI FOAM	138
SYNAGIS.....	11	TASMAR	67	testosterone cypionate	190
SYNALAR.....	166	tavaborole	160	testosterone enanthate.....	190
SYNALAR CREAM KIT ...	166	TAVALISSE	127	TETOXIA.....	166
SYNALAR OINTMENT KIT		TAVNEOS	173	tetrabenazine.....	72
.....	166	taysofy	253	tetracaine hcl.....	261
SYNALAR TS	166	TAYTULLA.....	253	TETRACAINE HCL (PF)....	261
SYNAREL	190	tazarotene.....	152	tetracycline	29
SYNDROS	209	TAZAROTENE.....	152	TEXACORT.....	166
SYNJARDY	194	tazicef	15	TEZSPIRE	281, 282
SYNJARDY XR	194	TAZORAC	152	THALITONE	119
SYNRIBO	51	taztia xt	118	THALOMID.....	52

THEO-24.....	282	TOBEX.....	256	tretinoin.....	152
theophylline.....	282	TOLAK.....	144	tretinoin (antineoplastic).....	53
THIOLA.....	173	tolcapone.....	67	tretinoin microspheres.....	152
THIOLA EC.....	173	tolmetin.....	89	TREXALL.....	53
thioridazine.....	104	TOLSURA.....	5	TREXIMET.....	69
thiotepa.....	52	tolterodine.....	285	TREZIX.....	81
thiothixene.....	104	tolvaptan.....	190	TRIADIME.....	167
THRIVITE RX.....	294	TOPAMAX.....	63	TRIADIME-80.....	167
THYMOGLOBULIN.....	228	TOPICORT.....	166, 167	triamcinolone acetonide.....	167, 177
THYQUIDITY.....	196	topiramate.....	63	triamterene.....	119
thyroid (pork).....	196	topotecan.....	52, 53	triamterene-hydrochlorothiazid	
tiadylt er.....	119	TOPROL XL.....	119	.....	119
tiagabine.....	63	toremifene.....	53	TRIASIL.....	167
TIAZAC.....	119	TORISEL.....	53	triazolam.....	105
TIBSOVO.....	52	TORONOVA II SUIK.....	89	TRIBENZOR.....	119
TICANASE.....	282	TORONOVA SUIK.....	89	tri-buffered aspirin.....	89
TICE BCG.....	228	torsemide.....	119	TRICARE.....	294
TICOVAC.....	228	TOSYMRA.....	69	tricon.....	294
tigecycline.....	22	TOUJEO MAX U-300		TRICOR.....	132
TIGLUTIK.....	173	SOLOSTAR.....	186	triderm.....	167
TIKOSYN.....	108	TOUJEO SOLOSTAR U-300		trientine.....	173
tilia fe.....	253	INSULIN.....	186	TRIENTINE.....	173
timolol maleate.....	119, 257	tovet emollient.....	167	TRIESENCE (PF).....	179
timolol maleate (pf).....	257	TOVET KIT.....	167	tri-estarylla.....	253
TIMOLOL-BRIMONIDI-		TOVIAZ.....	285	trifluoperazine.....	105
DORZOLAM(PF).....	264	TRACLEER.....	282	trifluridine.....	257
TIMOPTIC OCUDOSE (PF)		TRADJENTA.....	195	TRIHEAL-80.....	167
.....	257	tramadol.....	89	trihexyphenidyl.....	67
tinidazole.....	22	TRAMADOL.....	89	TRIJARDY XR.....	195
tiopronin.....	173	tramadol-acetaminophen.....	89	TRIKAFTA.....	282
tiotropium bromide.....	282	trandolapril.....	119	tri-legest fe.....	253
TIROSINT.....	196	trandolapril-verapamil.....	119	TRILEPTAL.....	63
TIROSINT-SOL.....	196	tranexamic acid.....	245	tri-lynyah.....	253
tis-u-sol pentalyte.....	169	TRANSDERM-SCOP.....	209	TRILIPIX.....	132
TIVDAK.....	52	tranlycypromine.....	105	tri-lo-estarylla.....	253
TIVICAY.....	11	TRANZAREL.....	155	tri-lo-marzia.....	253
TIVICAY PD.....	11	TRAVATAN Z.....	264	tri-lo-mili.....	253
TIVORBEX.....	89	travoprost.....	264	tri-lo-sprintec.....	254
tizanidine.....	75	TRAZIMERA.....	53	trimethobenzamide.....	209
TOBI.....	22	trazodone.....	105	trimethoprim.....	30
TOBI PODHALER.....	22	TREANDA.....	53	tri-mili.....	254
TOBRADEX.....	265	TREATOR.....	23	trimipramine.....	105
TOBRADEX ST.....	265	TRELEGY ELLIPTA.....	282	TRIMO-SAN JELLY.....	245
tobramycin.....	22, 256	TRELSTAR.....	53	trinatal rx 1.....	294
tobramycin in 0.225 % nacl.....	22	TREMFYA.....	138	trinate.....	294
tobramycin sulfate.....	22, 23	treprostinil sodium.....	119	TRINAZ.....	294
TOBRAMYCIN WITH		TRESIBA FLEXTOUCH U-100		TRINTELLIX.....	105
NEBULIZER.....	23	.....	186	tri-nymyo.....	254
tobramycin-dexamethasone.....	265	TRESIBA FLEXTOUCH U-200		TRIONEX.....	138
TOBRAMYCIN-		.....	187	TRIPTODUR.....	53
VANCOMYCIN.....	256	TRESIBA U-100 INSULIN.....	187	TRISENOX.....	53

tri-sprintec (28).....	254	ULESFIA.....	168	valsartan-hydrochlorothiazide	
TRISTART DHA.....	294	ULORIC.....	230	.....	120
TRIUMEQ.....	11	ULTOMIRIS.....	173	VALTOCO.....	63
TRIUMEQ PD.....	11	ULTRASAL-ER.....	140	VALTRESX.....	12
tri-vitamin with fluoride.....	295	ULTRAVATE.....	167	vanadom.....	75
trivora (28).....	254	UNASYN.....	25	VANCOCIN.....	30
tri-vylibra.....	254	unithroid.....	197	vancomycin.....	30, 31
tri-vylibra lo.....	254	UNITUXIN.....	53	VANCOMYCIN.....	30
TRODELVY.....	53	UPLIZNA.....	53	vancomycin in 0.9 % sodium chl	
TROGARZO.....	11	UPNEEQ (PF).....	268	.....	30
TROKENDI XR.....	63	UPTRAVI.....	119, 120	VANCOMYCIN IN 0.9 %	
tropicamide.....	258	URAMAXIN.....	144	SODIUM CHL.....	30
trosipium.....	285	urea.....	144	VANCOMYCIN IN	
TRUDHESA.....	69	UREA.....	144	DEXTROSE 5 %.....	30
TRULANCE.....	209	urea nail stick.....	144	VANCOMYCIN-DILUENT	
TRULICITY.....	195	ure-k.....	144	COMBO NO.1.....	31
TRUMENBA.....	228	URELLE.....	286	vandazole.....	245
TRUSTEX LUBRICATED		uretron d-s.....	286	VANFLYTA.....	53
CONDOMS.....	240	URIBEL.....	286	VANOS.....	167
TRUSTEX-RIA NON-LUB		urimar-t.....	287	VANOXIDE-HC.....	153
CONDOMS.....	240	URIMAR-T.....	286	VAQTA (PF).....	229
TRUVADA.....	11	URNEVA.....	287	VARDIMAXIA.....	153
TRUXIMA.....	53	uro-458.....	287	varenicline.....	174
TUDORZA PRESSAIR.....	282	UROCIT-K 10.....	287	VARIVAX (PF).....	229
TUKYSA.....	53	UROCIT-K 15.....	287	VAROPHEN (DICLOFENAC)	
tulana.....	244	UROCIT-K 5.....	287	.....	89
TURALIO.....	53	urogesic-blue.....	287	VAROXIA.....	153
turqoz (28).....	254	uro-mp.....	287	VARUBI.....	209
TUXARIN ER.....	272	UROQID-ACID NO.2.....	287	VASCEPA.....	132
TWINRIX (PF).....	228	uro-sp.....	287	VASERETIC.....	120
TWIRLA.....	245	UROXATRAL.....	286	VASHE.....	169
TWYNEO.....	153	URSO 250.....	209	VASOTEC.....	120
TYBLUME.....	254	URSO FORTE.....	209	VAXCHORA VACCINE.....	229
TYBOST.....	11	ursodiol.....	209	VAXELIS (PF).....	229
tydemy.....	254	uryl.....	287	VAXNEUVANCE (PF).....	229
TYGACIL.....	23	UVADEX.....	144	VCF CONTRACEPTIVE FILM	
TYKERB.....	53	V		.....	245
TYMLOS.....	231	VABOMERE.....	23	VCF CONTRACEPTIVE GEL	
TYPHIM VI.....	228	VABYSMO.....	261	.....	246
TYRVAYA.....	261	VAGIFEM.....	244	VECTIBIX.....	54
TYSABRI.....	72	valacyclovir.....	11	VECTICAL.....	138
TYVASO.....	283	VALCHLOR.....	144	VEGZELMA.....	54
TYVASO DPI.....	282	VALCYTE.....	12	VEKLURY.....	12
TYVASO REFILL KIT.....	283	valganciclovir.....	12	VELCADE.....	54
TYVASO STARTER KIT...	283	VALIUM.....	105	veletri.....	120
U		valladerm-90.....	155	velivet triphasic regimen (28)	
UBRELVY.....	69	valproic acid.....	63	.....	254
UCERIS.....	209	valproic acid (as sodium salt).	63	VELPHORO.....	200
UDENYCA.....	216	valsartan.....	120	VELSIPITY.....	209
UDENYCA AUTOINJECTOR		VALSARTAN.....	120	VELTASSA.....	200
.....	216			VELTIN.....	153

VEMLIDY	12	VIRAZOLE	12	VYTORNE.....	157
VENCLEXTA	54	VIREAD	12	VYTORIN 10-10.....	132
VENCLEXTA STARTING		VISCO-3.....	90	VYTORIN 10-20.....	132
PACK	54	VISTARIL.....	270	VYTORIN 10-40.....	132
venlafaxine	105	VISTOGARD.....	31	VYTORIN 10-80.....	132
VENLAFAXINE BESYLATE		VITAFOL FE PLUS	295	VYVANSE	106
.....	105	VITAFOL GUMMIES	295	VYVGART.....	75
VENNGEL ONE.....	89	VITAFOL ULTRA.....	295	VYVGART HYTRULO	75
VENTAVIS.....	283	VITAFOL-OB.....	295	VYXEOS.....	54
VENTOLIN HFA.....	283	VITAFOL-OB+DHA	295	VYZULTA	264
VEOPOZ	173	VITAFOL-ONE	295	W	
VEOZAH	246	VITAMEDMD ONE RX	295	WAKIX	106
verapamil.....	120	VITAMEDMD REDICHEW		warfarin.....	127
VERDESO	167	RX	295	water for irrigation, sterile....	173
VEREGEN	144	vitamin b complex-folic acid	295	WELCHOL.....	132
VERELAN PM	120	vitamin d3.....	295	WELIREG	54
VERKAZIA	262	vitamins a,c,d and fluoride ...	295	WELLBUTRIN SR	106
VERQUVO	133	VITAPEARL.....	295	WELLBUTRIN XL.....	106
VERSACLOZ	105	VITATRUE	296	wera (28).....	254
VERZENIO.....	54	VITRAKVI.....	54	wesnata dha complete.....	296
VESICARE	285	VIVELLE-DOT.....	244	wesnate dha	296
VESICARE LS.....	285	VIVIMUSTA.....	54	westab plus	296
vestura (28).....	254	VIVITROL	90	westgel dha	296
VFEND.....	5	VIVJOA.....	5	WHYTEDERM TDPAK.....	167
VFEND IV	5	VIVLODEX	90	WHYTEDERM TRILASIL	
VIBATIV	31	VIVOTIF	229	PAK	168
VIBERZI	209	VIZIMPRO.....	54	WIDE-SEAL DIAPHRAGM	
VIBRAMYCIN	29	volnea (28).....	254	.....	240
VICTOZA 2-PAK.....	195	VONJO.....	54	WILATE.....	128
VICTOZA 3-PAK.....	195	VOQUEZNA.....	213	WINLEVI.....	153
VIDAZA.....	54	VOQUEZNA DUAL PAK...213		wintergreen oil.....	144
VIEKIRA PAK	12	VOQUEZNA TRIPLE PAK 213		wixela inhub	283
vienna	254	voriconazole	5	women's gentle laxative(bisac)	
vigabatrin.....	64	VOSEVI	12	.....	210
vigadrone.....	64	VOTRIENT	54	wymzya fe	254
VIGAMOX.....	256	VOWST.....	209	WYNZORA.....	138
VIIBRYD	105	VOXZOGO	190	X	
VIJOICE.....	54	VPRIV	190	XACDURO	23
vilazodone	105	VRAYLAR.....	105, 106	XACIATO	246
VILTEPSO	72	VTAMA	138	XADAGO.....	67
VIMIZIM	190	VUITY.....	258	XALATAN.....	264
VIMOVO	89	VUMERITY	220	XALIX.....	140
VIMPAT.....	64	VUSION.....	160	XALKORI	55
vinblastine	54	VYEPTI.....	69	XANAX.....	106
vincasar pfs.....	54	vyfemla (28)	254	XANAX XR	106
vincristine.....	54	VYJUVEK.....	144	XARELTO	128
vinorelbine.....	54	VYLEESI	106	XARELTO DVT-PE TREAT	
VIOKACE	209	vylibra.....	254	30D START.....	128
viorele (28).....	254	VYNDAMAX	133	XATMEP.....	55
VIRACEPT	12	VYNDAQEL.....	133	XCLAIR	144
VIRASAL.....	140	VYONDYS-53	72	XCOPRI	64

XCOPRI MAINTENANCE	YF-VAX (PF).....	229	ZESTORETIC	120
PACK	YONDELIS	55	ZESTRIL	120
XCOPRI TITRATION PACK64	YONSA	55	ZETIA.....	132
XDEMVY	YOSPRALA.....	128	ZETONNA	283
XELJANZ	YUFLYMA(CF).....	239	ZEVALIN (Y-90).....	55
XELJANZ XR.....	YUFLYMA(CF)		ZIAGEN	12
XELODA	AUTOINJECTOR.....	239	ZIANA.....	153
XELPROS	YUPELRI	283	ZICLOCIN	90
XELSTRYM	YUSIMRY(CF) PEN	239	ZICLOPRO.....	90
XEMBIFY	YUTIQ.....	267	zidovudine	12
XENAZINE.....	yuvafem	244	ZIEXTENZO	216
XENLETA	Z		zileuton	283
XENPOZYME	zafemy	246	ZILOVAL.....	155
XEOMIN.....	zafirlukast	283	ZILXI.....	153
XEPI.....	zaleplon	106	ZIMHI.....	90
XERAVA	ZALTRAP	55	zionodil.....	155
XERESE.....	ZALVIT.....	296	ZIOPTAN (PF).....	264
XERMELO.....	ZANAFLEX.....	75	ZIPHEX.....	296
XGEVA.....	ZANOSAR.....	55	ziprasidone hcl.....	107
XHANCE	zarah	255	ZIPSOR	90
XIFAXAN.....	ZARONTIN.....	64	ZIRABEV.....	56
XIGDUO XR.....	ZARXIO.....	216	ZIRGAN	257
XIIDRA.....	ZAVESCA.....	190	ZITHRANOL	138
XILAPAK	ZAVZPRET.....	69	ZITHROMAX	16, 17
XIMINO.....	ZCORT	180	ZITHROMAX TRI-PAK	17
XIPERE (PF).....	zebutal	81	ZITHROMAX Z-PAK	17
XOFLUZA	ZEGALOGUE		ZMA CLEAR.....	153
XOLAIR.....	AUTOINJECTOR.....	181	ZOCOR.....	132
XOLEGEL	ZEGALOGUE SYRINGE ...	181	ZOKINVY	173
XOPENEX HFA	ZEGERID.....	213	ZOLADEX	56
XOSPATA	ZEJULA	55	zoledronic acid.....	190
XPHOZAH.....	ZELAPAR.....	67	zoledronic acid-mannitol-water	
XPOVIO.....	ZELBORAF	55	.....	173, 190
XRYLIX (DICLOFENAC-	ZELNORM.....	210	ZOLEDRONIC AC-	
KINES TAPE).....	ZEMAIRA.....	173	MANNITOL-0.9NACL....	190
XTAMPZA ER	ZEMBRACE SYMTOUCH...	69	ZOLGENSMA	73
XTANDI.....	ZEMDRI.....	23	ZOLINZA.....	56
xulane	ZEMPLAR	190	zolmitriptan.....	69
XULTOPHY 100/3.6	zenatane	153	ZOLOFT	107
XUREA	ZENPEP	210	zolpidem	107
XURIDEN.....	zenzedi.....	106	ZOLPIDEM.....	107
XYNTHA	ZENZEDI	106	ZOMACTON	217
XYNTHA SOLOFUSE.....	ZEPATIER	12	ZOMIG.....	69
XYREM	ZEPOSIA.....	72	ZONALON.....	144
XYWAV.....	ZEPOSIA STARTER KIT (28-		ZONEGRAN	64
Y	DAY).....	73	ZONISADE	64
YASMIN (28)	ZEPOSIA STARTER PACK (7-		zonisamide.....	64
YAZ (28).....	DAY).....	73	ZONTIVITY.....	128
YCANTH	ZEPZELCA.....	55	ZORTRESS	56
YERVOY	ZERBAXA	15	ZORVOLEX.....	90
YESCARTA.....	ZERVIATE	262	ZORYVE.....	139

ZOSYN IN DEXTROSE (ISO-OSM).....	25	ZURZUVAE	107	ZYNTEGLO.....	216
zovia 1-35 (28)	255	ZYCLARA	230	ZYNYZ.....	56
ZOVIRAX.....	160	ZYDELIG.....	56	ZYPITAMAG.....	133
ZTALMY	64	ZYFLO	283	ZYPREXA.....	107
ZTLIDO	155	ZYKADIA.....	56	ZYPREXA ZYDIS.....	107
ZUBSOLV	90	ZYLET	265	ZYTIGA	56
ZULRESSO.....	107	ZYLOPRIM.....	230	ZYVOX	23
zumandimine (28)	255	ZYMAXID	256		
		ZYNLONTA	56		