

FORMULARY

LIST OF COVERED DRUGS



This formulary was updated on 11/1/2024. 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.

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List of Abbreviations

FE: Formulary Exclusion. Requires exception for approval

G: Generic

NPB: Non-Preferred Brand

PB: Preferred Brand

S: Specialty

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 | G | | |
| amphotericin b liposome intravenous suspension for reconstitution 50 mg | G | | |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG | NPB | PA | 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 | G | | |
| clotrimazole mucous membrane troche 10 mg | G | | |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | PB | PA | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | PB | PA | |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 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 | G | PA | |
| fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml | G | | |
| fluconazole oral tablet 100 mg, 200 mg, 50 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| fluconazole oral tablet 150 mg | G | QL | |
| flucytosine oral capsule 250 mg, 500 mg | G | PA | |
| griseofulvin microsize oral suspension 125 mg/5 ml | G | | |
| griseofulvin microsize oral tablet 500 mg | G | | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | G | | |
| itraconazole oral capsule 100 mg | G | QL | |
| itraconazole oral solution 10 mg/ml | G | QL | |
| ketoconazole oral tablet 200 mg | G | | |
| MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 50 MG/50 ML | NPB | | |
| micafungin intravenous recon soln 100 mg, 50 mg | G | | |
| MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG | NPB | | micafungin |
| 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 | | posaconazole |
| nystatin oral suspension 100,000 unit/ml | G | | |
| nystatin oral tablet 500,000 unit | G | | |
| ORAVIG BUCCAL MUCO- ADHESIVE BUCCAL TABLET 50 MG | NPB | | nystatin, clotrimazole |
| posaconazole intravenous solution 300 mg/16.7 ml | G | PA | |
| posaconazole oral suspension 200 mg/5 ml (40 mg/ml) | G | PA | |
| posaconazole oral tablet,delayed release (dr/ec) 100 mg | G | PA | |
| REZZAYO INTRAVENOUS RECON SOLN 200 MG | NPB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| SPORANOX ORAL CAPSULE 100 MG | NPB | QL | itraconazole |
| SPORANOX ORAL SOLUTION 10 MG/ML | NPB | QL | itraconazole |
| terbinafine hcl oral tablet 250 mg | G | | |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG | FE | | 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 | G | PA | |
| voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) | G | PA | |
| voriconazole oral tablet 200 mg, 50 mg | G | PA | |
| ANTIVIRALS | | | |
| abacavir oral solution 20 mg/ml | G | | |
| abacavir oral tablet 300 mg | G | | |
| abacavir-lamivudine oral tablet 600-300 mg | G | | |
| acyclovir oral capsule 200 mg | G | PA | |
| acyclovir oral suspension 200 mg/5 ml | G | PA | |
| acyclovir oral tablet 400 mg, 800 mg | G | PA | |
| acyclovir sodium intravenous solution 50 mg/ml | G | PA | |
| adefovir oral tablet 10 mg | G | | |
| amantadine hcl oral capsule 100 mg | G | | |
| amantadine hcl oral solution 50 mg/5 ml | G | | |
| amantadine hcl oral tablet 100 mg | G | | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| APTIVUS ORAL CAPSULE 250 MG | PB | | |
| atazanavir oral capsule 150 mg, 200 mg, 300 mg | G | | |
| ATRIPLA ORAL TABLET 600-200-300 MG | FE | | efavirenz-emtricitabine-tenofovir disoproxil fumarate |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | PB | | |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | FE | | 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 | S | PA; QL | |
| cidofovir intravenous solution 75 mg/ml | G | | |
| CIMDUO ORAL TABLET 300-300 MG | PB | | |
| COMPLERA ORAL TABLET 200-25-300 MG | FE | | ODEFSEY |
| darunavir oral tablet 600 mg, 800 mg | G | | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | FE | | BIKTARVY, GENVOYA, ODEFSEY, SYMFII, SYMFII LO, SYMTUZA, TRIUMEQ |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | PB | | |
| didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg | G | | |
| DOVATO ORAL TABLET 50-300 MG | PB | | |
| EDURANT ORAL TABLET 25 MG | PB | | |
| efavirenz oral capsule 200 mg, 50 mg | G | | |
| efavirenz oral tablet 600 mg | G | | |
| efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg | G | | |
| efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| emtricitabine oral capsule 200 mg | G | | |
| emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg | G | | |
| emtricitabine-tenofovir (tdf) oral tablet 200-300 mg | G | ACA | |
| EMTRIVA ORAL CAPSULE 200 MG | NPB | | emtricitabine |
| EMTRIVA ORAL SOLUTION 10 MG/ML | PB | | |
| entecavir oral tablet 0.5 mg, 1 mg | G | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG | S | PA; QL; LA | |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | S | PA; QL; LA | |
| EPIVIR ORAL SOLUTION 10 MG/ML | NPB | | lamivudine |
| EPIVIR ORAL TABLET 150 MG, 300 MG | NPB | | lamivudine |
| etravirine oral tablet 100 mg, 200 mg | G | | |
| EVOTAZ ORAL TABLET 300-150 MG | NPB | | atazanavir sulfate, lopinavir- ritonavir, ritonavir, NORVIR |
| famciclovir oral tablet 125 mg, 250 mg, 500 mg | G | QL | |
| FLUMADINE ORAL TABLET 100 MG | NPB | | rimantadine hcl |
| fosamprenavir oral tablet 700 mg | G | | |
| foscarnet intravenous solution 24 mg/ml | G | | |
| 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 | G | | |
| ganciclovir sodium intravenous solution 50 mg/ml | G | | |
| GENVOYA ORAL TABLET 150-150- 200-10 MG | PB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | S | PA; QL; LA | |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | S | PA; QL; LA | |
| 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 | G | | |
| lamivudine oral tablet 100 mg, 150 mg, 300 mg | G | | |
| lamivudine-zidovudine oral tablet 150-300 mg | G | | |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | FE | | HARVONI |
| LIVTENCITY ORAL TABLET 200 MG | NPB | PA; QL | |
| lopinavir-ritonavir oral solution 400-100 mg/5 ml | G | | |
| lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg | G | | |
| maraviroc oral tablet 150 mg, 300 mg | G | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG | FE | | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| MAVYRET ORAL TABLET 100-40 MG | FE | | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |
| nevirapine oral suspension 50 mg/5 ml | G | | |
| nevirapine oral tablet 200 mg | G | | |
| nevirapine oral tablet extended release 24 hr 100 mg, 400 mg | G | | |
| 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 | G | QL | |
| oseltamivir oral suspension for reconstitution 6 mg/ml | G | 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 | | efavirenz, efavirenz-emtricitenofovir disop, 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 | | atazanavir sulfate, darunavir, lopinavir-ritonavir, ritonavir |
| PREZISTA ORAL SUSPENSION 100 MG/ML | PB | | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | PB | | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | NPB | | darunavir |
| RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | PB | | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | NPB | QL | oseltamivir phosphate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | | |
| rimantadine oral tablet 100 mg | G | | |
| ritonavir oral tablet 100 mg | G | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | FE | | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | PB | | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | NPB | | maraviroc |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | FE | | EPCLUSA |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG | FE | | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |
| SOVALDI ORAL TABLET 200 MG, 400 MG | FE | | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |
| stavudine oral capsule 40 mg | G | | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | FE | | BIKTARVY, GENVOYA |
| SUNLENCA ORAL TABLET 300 MG | S | PA | |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | S | 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 | S | PA; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | G | | |
| TIVICAY ORAL TABLET 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) | S | PA | |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200- 300 MG | FE | | emtricitabine-tenofovir disop |
| TYBOST ORAL TABLET 150 MG | NPB | | ritonavir, NORVIR |
| valacyclovir oral tablet 1 gram, 500 mg | G | QL | |
| 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 | G | | |
| valganciclovir oral tablet 450 mg | G | | |
| VALTREX ORAL TABLET 1 GRAM, 500 MG | FE | | valacyclovir |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG | PB | PA | |
| VEMLIDY ORAL TABLET 25 MG | PB | | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | PB | | |
| VIRAZOLE INHALATION RECON SOLN 6 GRAM | NPB | | ribavirin |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | S | PA; QL; LA | |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | NPB | QL | oseltamivir phosphate |
| ZEPATIER ORAL TABLET 50-100 MG | S | PA; QL; LA | |
| ZIAGEN ORAL SOLUTION 20 MG/ML | NPB | | abacavir |
| zidovudine oral capsule 100 mg | G | | |
| zidovudine oral syrup 10 mg/ml | G | | |
| zidovudine oral tablet 300 mg | G | | |
| CEPHALOSPORINS | | | |
| AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM | PB | ST | |
| cefaclor oral capsule 250 mg, 500 mg | G | | |
| cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml | G | | |
| cefaclor oral tablet extended release 12 hr 500 mg | G | | |
| cefadroxil oral capsule 500 mg | G | | |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml | G | | |
| cefadroxil oral tablet 1 gram | G | | |
| cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml | G | ST | |
| cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml | G | ST | |
| cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML | NPB | ST | |
| cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml | G | 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, 3 gram, 300 gram, 500 mg | G | ST | |
| CEFAZOLIN INJECTION RECON SOLN 2 GRAM | NPB | ST | |
| cefazolin intravenous recon soln 1 gram | G | ST | |
| CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM | NPB | ST | |
| cefdinir oral capsule 300 mg | G | | |
| cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml | G | | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | NPB | ST | |
| cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml | G | ST | |
| cefepime injection recon soln 1 gram, 2 gram | G | ST | |
| CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM | NPB | ST | |
| cefixime oral capsule 400 mg | G | | |
| cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml | G | | |
| CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM | NPB | ST | |
| cefotaxime injection recon soln 1 gram, 2 gram | G | ST | |
| cefotetan injection recon soln 1 gram, 2 gram | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| cefotetan intravenous recon soln 10 gram | G | ST | |
| cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml | G | ST | |
| cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram | G | ST | |
| cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml | G | | |
| cefepodoxime oral tablet 100 mg, 200 mg | G | | |
| cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml | G | | |
| cefprozil oral tablet 250 mg, 500 mg | G | | |
| ceftazidime injection recon soln 1 gram, 2 gram, 6 gram | G | ST | |
| ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml | G | ST | |
| ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg | G | ST | |
| CEFTRIAZONE INJECTION RECON SOLN 100 GRAM | NPB | ST | |
| ceftriaxone intravenous recon soln 1 gram, 2 gram | G | ST | |
| cefuroxime axetil oral tablet 250 mg, 500 mg | G | | |
| cefuroxime sodium injection recon soln 750 mg | G | ST | |
| cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram | G | ST | |
| cephalexin oral capsule 250 mg, 500 mg, 750 mg | G | | |
| cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml | G | | |
| cephalexin oral tablet 250 mg, 500 mg | G | | |
| CLAFORAN INJECTION RECON SOLN 2 GRAM | NPB | ST | cefotaxime sodium |
| FETROJA INTRAVENOUS RECON SOLN 1 GRAM | NPB | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| tazicef injection recon soln 1 gram, 2 gram, 6 gram | G | ST | |
| tazicef intravenous recon soln 1 gram, 2 gram | G | 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 | G | ST | |
| azithromycin oral packet 1 gram | G | | |
| azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml | G | | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | G | | |
| clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml | G | | |
| clarithromycin oral tablet 250 mg, 500 mg | G | | |
| clarithromycin oral tablet extended release 24 hr 500 mg | G | | |
| 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 | G | | |
| 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 | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG | NPB | | |
| erythrocin (as stearate) oral tablet 250 mg | G | | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | NPB | ST | erythromycin lactobionate |
| erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml | G | | |
| erythromycin ethylsuccinate oral tablet 400 mg | G | | |
| erythromycin lactobionate intravenous recon soln 500 mg | G | ST | |
| erythromycin oral capsule,delayed release(dr/ec) 250 mg | G | | |
| erythromycin oral tablet 250 mg, 500 mg | G | | |
| erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg | G | | |
| ZITHROMAX INTRAVENOUS RECON SOLN 500 MG | NPB | ST | azithromycin |
| ZITHROMAX ORAL PACKET 1 GRAM | NPB | | azithromycin |
| 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 | G | QL | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | PB | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| ALINIA ORAL TABLET 500 MG | FE | | nitazoxanide |
| amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml | G | 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 | S | PA | |
| ARTESUNATE INTRAVENOUS RECON SOLN 110 MG | NPB | | |
| atovaquone oral suspension 750 mg/5 ml | G | | |
| atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg | G | QL | |
| AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM | NPB | ST | aztreonam |
| aztreonam injection recon soln 1 gram, 2 gram | G | ST | |
| bacitracin intramuscular recon soln 50,000 unit | G | | |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG | PB | QL | |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | S | PA; ST; QL; LA | tobramycin sulfate |
| BILTRICIDE ORAL TABLET 600 MG | NPB | | praziquantel |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | S | PA; QL; LA | |
| chloramphenicol sod succinate intravenous recon soln 1 gram | G | | |
| chloroquine phosphate oral tablet 250 mg, 500 mg | G | | |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg | G | | |
| 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 | G | ST | |
| clindamycin pediatric oral recon soln 75 mg/5 ml | G | | |
| clindamycin phosphate injection solution 150 mg/ml | G | ST | |
| COARTEM ORAL TABLET 20-120 MG | PB | QL | |
| colistin (colistimethate na) injection recon soln 150 mg | G | ST | |
| COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG | NPB | ST | colistimethate sodium |
| CUBICIN RF INTRAVENOUS RECON SOLN 500 MG | NPB | ST | daptomycin |
| CYCLOSERINE ORAL CAPSULE 250 MG | NPB | | |
| DALVANCE INTRAVENOUS SOLUTION 500 MG | PB | ST | |
| dapsone oral tablet 100 mg, 25 mg | G | | |
| 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 | G | ST | |
| DARAPRIM ORAL TABLET 25 MG | S | | pyrimethamine |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | PB | QL | |
| ertapenem injection recon soln 1 gram | G | ST | |
| ethambutol oral tablet 100 mg, 400 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | 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 | G | ST | |
| gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml | G | ST | |
| HUMATIN ORAL CAPSULE 250 MG | S | LA | |
| hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg | G | | |
| imipenem-cilastatin intravenous recon soln 250 mg, 500 mg | G | ST | |
| IMPAVIDO ORAL CAPSULE 50 MG | PB | PA; QL | |
| isoniazid injection solution 100 mg/ml | G | | |
| isoniazid oral solution 50 mg/5 ml | G | | |
| isoniazid oral tablet 100 mg, 300 mg | G | | |
| ivermectin oral tablet 3 mg | G | PA; QL | |
| KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG | NPB | ST | |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | S | PA; ST; QL; LA | |
| KRINTAFEL ORAL TABLET 150 MG | NPB | QL | primaquine generic |
| LAMPIT ORAL TABLET 120 MG, 30 MG | FE | | BENZNIDAZOLE |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML | FE | | metronidazole |
| LINCOICIN INJECTION SOLUTION 300 MG/ML | NPB | ST | clindamycin phosphate |
| lincomycin injection solution 300 mg/ml | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml | G | ST | |
| linezolid oral suspension for reconstitution 100 mg/5 ml | G | | |
| linezolid oral tablet 600 mg | G | | |
| linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml | G | 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 | G | QL | |
| MEPRON ORAL SUSPENSION 750 MG/5 ML | NPB | | atovaquone |
| meropenem intravenous recon soln 1 gram, 500 mg | G | ST | |
| MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM | NPB | ST | |
| 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 | G | ST | |
| metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml | G | ST | |
| metronidazole oral capsule 375 mg | G | | |
| metronidazole oral tablet 250 mg, 500 mg | G | | |
| 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 | G | | |
| nitazoxanide oral tablet 500 mg | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ORBACTIV INTRAVENOUS RECON SOLN 400 MG | PB | ST | |
| paromomycin oral capsule 250 mg | G | | |
| 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 | G | QL | |
| pentamidine injection recon soln 300 mg | G | | |
| PLAQUENIL ORAL TABLET 200 MG | FE | | hydroxychloroquine sulfate |
| polymyxin b sulfate injection recon soln 500,000 unit | G | ST | |
| praziquantel oral tablet 600 mg | G | | |
| PRETOMANID ORAL TABLET 200 MG | NPB | | |
| PRIFTIN ORAL TABLET 150 MG | PB | | |
| primaquine oral tablet 26.3 mg (15 mg base) | G | QL | |
| PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG | NPB | ST | imipenem-cilastatin sodium |
| pyrazinamide oral tablet 500 mg | G | | |
| pyrimethamine oral tablet 25 mg | G | | |
| QUALAQUIN ORAL CAPSULE 324 MG | NPB | QL | quinine sulfate |
| quinine sulfate oral capsule 324 mg | G | QL | |
| RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM | NPB | | |
| rifabutin oral capsule 150 mg | G | | |
| RIFADIN INTRAVENOUS RECON SOLN 600 MG | NPB | | rifampin |
| rifampin intravenous recon soln 600 mg | G | | |
| rifampin oral capsule 150 mg, 300 mg | G | | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | PB | | |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG | NPB | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| SIVEXTRO ORAL TABLET 200 MG | FE | | linezolid |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | PB | QL | |
| SOVUNA ORAL TABLET 200 MG, 300 MG | FE | | hydroxychloroquine sulfate |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM | PB | ST | |
| STROMEKTOL ORAL TABLET 3 MG | NPB | PA; QL | ivermectin |
| tigecycline intravenous recon soln 50 mg | G | ST | |
| tinidazole oral tablet 250 mg, 500 mg | G | QL | |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | FE | | tobramycin sulfate |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | S | PA; ST; QL; LA | |
| tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml | S | PA; ST; QL; LA | |
| tobramycin inhalation solution for nebulization 300 mg/4 ml | S | PA; ST; QL; LA | |
| tobramycin sulfate injection recon soln 1.2 gram | G | ST | |
| tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml | G | ST | |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | S | 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| 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 | G | | |
| amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml | G | | |
| amoxicillin oral tablet 500 mg, 875 mg | G | | |
| amoxicillin oral tablet, chewable 125 mg, 250 mg | G | | |
| 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 | G | | |
| amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg | G | | |
| amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg | G | | |
| amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg | G | | |
| ampicillin oral capsule 500 mg | G | | |
| ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg | G | ST | |
| ampicillin sodium intravenous recon soln 1 gram, 2 gram | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram | G | ST | |
| ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram | G | 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 | |
| dicloxacillin oral capsule 250 mg, 500 mg | G | | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | NPB | ST | |
| 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 | G | ST | |
| nafcillin injection recon soln 1 gram, 10 gram, 2 gram | G | ST | |
| oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml | G | ST | |
| oxacillin injection recon soln 1 gram, 10 gram, 2 gram | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | PB | ST | |
| penicillin g potassium injection recon soln 20 million unit, 5 million unit | G | ST | |
| penicillin g sodium injection recon soln 5 million unit | G | ST | |
| penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml | G | | |
| penicillin v potassium oral tablet 250 mg, 500 mg | G | | |
| pfizerpen-g injection recon soln 20 million unit, 5 million unit | G | ST | |
| piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram | G | 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 | | | |
| AVELOX IN NAACL (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 | G | | |
| ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml | G | | |
| 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 | G | ST | |
| levofloxacin intravenous solution 25 mg/ml | G | ST | |
| levofloxacin oral solution 250 mg/10 ml | G | | |
| levofloxacin oral tablet 250 mg, 500 mg, 750 mg | G | | |
| moxifloxacin oral tablet 400 mg | G | | |
| MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML | PB | ST | |
| moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml | G | ST | |
| ofloxacin oral tablet 300 mg, 400 mg | G | | |
| SULFA'S & RELATED AGENTS | | | |
| BACTRIM DS ORAL TABLET 800-160 MG | NPB | | sulfamethoxazole-trimethoprim |
| BACTRIM ORAL TABLET 400-80 MG | NPB | | sulfamethoxazole-trimethoprim |
| sulfadiazine oral tablet 500 mg | G | | |
| sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml | G | ST | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml | G | | |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg | G | | |
| sulfatrim oral suspension 200-40 mg/5 ml | G | | |
| TETRACYCLINES | | | |
| ACTICLATE ORAL TABLET 150 MG, 75 MG | NPB | ST | doxycycline hyclate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| AVIDOXY DK KIT 100 MG-2 % -SPF 30 | NPB | ST | doxycycline monohydrate |
| avidoxy oral tablet 100 mg | G | | |
| BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% | FE | | |
| BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% | FE | | |
| demeclocycline oral tablet 150 mg, 300 mg | G | | |
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG | FE | | doxycycline hyclate, doxycycline monohydrate |
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG | FE | | doxycycline hyclate |
| doxy-100 intravenous recon soln 100 mg | G | ST | |
| doxycycline hyclate intravenous recon soln 100 mg | G | ST | |
| doxycycline hyclate oral capsule 100 mg, 50 mg | G | | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | G | | |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg | G | 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 | G | ST | |
| DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG | FE | | doxycycline hyclate, doxycycline monohydrate |
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg | G | | |
| doxycycline monohydrate oral capsule 150 mg | G | ST | |
| doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg | G | | |
| doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg | G | | |
| MINOCIN INTRAVENOUS RECON SOLN 100 MG | PB | ST | |
| minocycline oral capsule 100 mg, 50 mg, 75 mg | G | | |
| MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG | FE | | minocycline hcl er |
| minocycline oral tablet 100 mg, 50 mg, 75 mg | G | | |
| minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg | G | ST | |
| mondoxyne nl oral capsule 100 mg, 75 mg | G | | |
| MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG | NPB | ST | doxycycline monohydrate |
| MORGIDOX 1X 50 KIT 50 MG | NPB | ST | doxycycline hyclate |
| MORGIDOX 1X100 KIT 100 MG | NPB | ST | doxycycline hyclate |
| morgidox oral capsule 100 mg | G | | |
| 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 | | doxycycline ir-dr |
| 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 | G | | |
| tetracycline oral tablet 250 mg, 500 mg | G | ST | |
| VIBRAMYCIN ORAL CAPSULE 100 MG | NPB | ST | doxycycline hyclate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| XERAIVA INTRAVENOUS RECON SOLN 100 MG, 50 MG | NPB | ST | |
| XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG | FE | | minocycline hcl er |
| URINARY TRACT AGENTS | | | |
| fosfomycin tromethamine oral packet 3 gram | G | | |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML | NPB | | nitrofurantoin |
| 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 | G | | |
| methenamine mandelate oral tablet 0.5 gram, 1 gram | G | | |
| nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg | G | | |
| nitrofurantoin monohyd/m-cryst oral capsule 100 mg | G | | |
| nitrofurantoin oral suspension 25 mg/5 ml | G | | |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML | FE | | nitrofurantoin |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML | NPB | | trimethoprim |
| trimethoprim oral tablet 100 mg | G | | |
| VANCOMYCIN | | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | FE | | 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 | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | ST | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 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 | G | ST | |
| vancomycin oral capsule 125 mg, 250 mg | G | QL | |
| vancomycin oral recon soln 25 mg/ml, 50 mg/ml | G | 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 | S | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg | G | | |
| MESNEX ORAL TABLET 400 MG | PB | | |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | S | PA | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | S | PA; LA | |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | | | |
| ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL | S | PA | |
| abiraterone oral tablet 250 mg, 500 mg | S | PA; LA | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | S | LA | PACLITAXEL PROTEIN-BOUND |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | S | | |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG | S | PA; LA | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG | NPB | | |
| adrucil intravenous solution 2.5 gram/50 ml | G | | |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | FE | | everolimus |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | FE | | everolimus |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | FE | | abiraterone acetate, LYNPARZA, TALZENNA, XTANDI |
| ALECENSA ORAL CAPSULE 150 MG | S | PA; LA | |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG | NPB | | pemetrexed disodium |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | S | PA | |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | S | PA | |
| ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML | FE | | ZIRABEV |
| AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL | S | PA | |
| anastrozole oral tablet 1 mg | G | | |
| ARIMIDEX ORAL TABLET 1 MG | FE | | anastrozole |
| AROMASIN ORAL TABLET 25 MG | NPB | | exemestane |
| ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML | S | LA | nelarabine |
| arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml | G | PA | |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML | S | PA | ONCASPAR |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | NPB | ST | tacrolimus |
| AUGTYRO ORAL CAPSULE 40 MG | FE | | ROZLYTREK |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML | FE | | ZIRABEV |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | S | PA | |
| azacitidine injection recon soln 100 mg | S | LA | |
| AZASAN ORAL TABLET 100 MG, 75 MG | NPB | | azathioprine |
| azathioprine oral tablet 100 mg, 50 mg, 75 mg | G | | |
| azathioprine sodium injection recon soln 100 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | S | PA | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | S | PA | |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | S | PA | ISTODAX, FOLOTYN |
| BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML | S | PA; LA | bendamustine hcl, BENDEKA |
| bendamustine intravenous recon soln 100 mg, 25 mg | S | PA | |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | NPB | PA | bendamustine hcl, BENDEKA |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | S | PA; LA | |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | S | PA; LA | |
| BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML | NPB | | |
| bexarotene oral capsule 75 mg | S | LA | |
| bexarotene topical gel 1 % | S | LA | |
| bicalutamide oral tablet 50 mg | G | | |
| BICNU INTRAVENOUS RECON SOLN 100 MG | NPB | PA | carmustine |
| bleomycin injection recon soln 15 unit, 30 unit | G | | |
| BLINCYTO INTRAVENOUS KIT 35 MCG | S | PA | |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | S | PA; LA | |
| bortezomib injection recon soln 3.5 mg | S | PA; LA | |
| BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML | S | PA | |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | S | PA; LA | |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | S | PA; LA | |
| BRAFTOVI ORAL CAPSULE 75 MG | FE | | TAFINLAR, ZELBORAF |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML | S | PA | |
| BRUKINSA ORAL CAPSULE 80 MG | S | PA | |
| busulfan intravenous solution 60 mg/10 ml | G | | |
| BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML | NPB | | busulfan |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | S | PA; LA | |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | S | PA | |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | FE | | ELIGARD, FIRMAGON, LUPRON DEPOT |
| 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 | S | LA | |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | S | PA | |
| carboplatin intravenous recon soln 150 mg | G | | |
| carboplatin intravenous solution 10 mg/ml | G | | |
| carmustine intravenous recon soln 100 mg | G | PA | |
| CARMUSTINE INTRAVENOUS RECON SOLN 300 MG | NPB | PA | |
| CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL | S | 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| CISPLATIN INTRAVENOUS RECON SOLN 50 MG | NPB | | |
| cisplatin intravenous solution 1 mg/ml | G | | |
| cladribine intravenous solution 10 mg/10 ml | G | | |
| clofarabine intravenous solution 1 mg/ml | G | | |
| CLOLAR INTRAVENOUS SOLUTION 1 MG/ML | NPB | | clofarabine |
| COLUMVI INTRAVENOUS SOLUTION 1 MG/ML | FE | | 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) | S | PA; LA | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | S | PA | BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA |
| COSELA INTRAVENOUS RECON SOLN 300 MG | S | PA | |
| COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG | NPB | | |
| COTELLIC ORAL TABLET 20 MG | S | LA | |
| cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg | G | | |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML, 500 MG/ML | NPB | | |
| cyclophosphamide oral capsule 25 mg, 50 mg | G | | |
| CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG | NPB | | cyclophosphamide |
| cyclosporine intravenous solution 250 mg/5 ml | G | | |
| cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg | G | | |
| cyclosporine modified oral solution 100 mg/ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| cyclosporine oral capsule 100 mg, 25 mg | G | | |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | S | PA; LA | |
| cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml | G | | |
| cytarabine injection solution 20 mg/ml | G | | |
| dacarbazine intravenous recon soln 100 mg, 200 mg | G | | |
| dactinomycin intravenous recon soln 0.5 mg | G | | |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | S | PA | UNITUXIN |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | S | PA; LA | |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | S | PA; LA | |
| daunorubicin intravenous solution 5 mg/ml | G | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG | S | PA; LA | azacitidine, cytarabine, decitabine, VENCLEXTA |
| decitabine intravenous recon soln 50 mg | S | PA; LA | |
| 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) | G | | |
| DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) | FE | | |
| DOXIL INTRAVENOUS SUSPENSION 2 MG/ML | NPB | | doxorubicin hcl liposomal |
| doxorubicin intravenous recon soln 10 mg, 50 mg | G | | |
| doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| doxorubicin, peg-liposomal intravenous suspension 2 mg/ml | G | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | PB | | |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | S | PA | carboplatin, cyclophosphamide, etoposide, paclitaxel, LYNPARZA, ZIRABEV |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | S | PA; LA | |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | S | PA; LA | |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | S | PA; LA | |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | S | PA; LA | |
| ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML | NPB | | epirubicin hcl |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | S | PA | bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID |
| ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML | S | PA | |
| EMCYT ORAL CAPSULE 140 MG | PB | | |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG | S | PA; LA | bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG | S | PA; LA | |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | S | LA | |
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | FE | | tacrolimus |
| epirubicin intravenous solution 200 mg/100 ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | FE | | cyclophosphamide, cytarabine, dexamethasone, doxorubicin hcl, prednisone, vincristine sulfate, RUXIENCE |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | S | PA; LA | |
| eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml) | S | PA; LA | |
| ERIVEDGE ORAL CAPSULE 150 MG | S | PA; LA | |
| ERLEADA ORAL TABLET 240 MG, 60 MG | S | PA; LA | |
| erlotinib oral tablet 100 mg, 150 mg, 25 mg | S | PA; LA | |
| ERWINASE INJECTION RECON SOLN 10,000 UNIT | S | PA | |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | PB | | |
| etoposide intravenous solution 20 mg/ml | G | | |
| etoposide oral capsule 50 mg | G | | |
| EULEXIN ORAL CAPSULE 125 MG | NPB | | |
| everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | S | PA; LA | |
| everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg | S | PA; LA | |
| everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | G | | |
| EVOMELA INTRAVENOUS RECON SOLN 50 MG | S | | melphalan hcl |
| exemestane oral tablet 25 mg | G | | |
| EXKIVITY ORAL CAPSULE 40 MG | S | 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 | S | PA; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG | S | PA; LA | |
| floxuridine injection recon soln 0.5 gram | G | | |
| fludarabine intravenous recon soln 50 mg | G | | |
| fludarabine intravenous solution 50 mg/2 ml | G | | |
| fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml | G | | |
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) | S | PA; LA | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | FE | | CABOMETYX, INLYTA, LENVIMA |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | FE | | LONSURF |
| fulvestrant intramuscular syringe 250 mg/5 ml | G | PA | |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | S | PA | |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | S | PA | |
| GAVRETO ORAL CAPSULE 100 MG | S | PA; LA | |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML | S | PA; LA | |
| gefitinib oral tablet 250 mg | S | PA; LA | |
| gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg | G | | |
| 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) | G | | |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML | NPB | | |
| gengraf oral capsule 100 mg, 25 mg | G | | |
| gengraf oral solution 100 mg/ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | S | PA; LA | |
| GLEEVEC ORAL TABLET 100 MG, 400 MG | FE | | imatinib mesylate |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | PB | | |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) | S | PA; LA | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | FE | | KANJINTI, TRAZIMERA |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG | FE | | KANJINTI, TRAZIMERA |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | FE | | KANJINTI, TRAZIMERA |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG | S | PA; LA | |
| HYDREA ORAL CAPSULE 500 MG | NPB | | hydroxyurea |
| hydroxyurea oral capsule 500 mg | G | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | FE | | KISQALI, VERZENIO |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | FE | | KISQALI, VERZENIO |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | S | PA | |
| IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML | NPB | | idarubicin hcl |
| idarubicin intravenous solution 1 mg/ml | G | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | S | PA; LA | |
| IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM | NPB | | ifosfamide |
| ifosfamide intravenous recon soln 1 gram, 3 gram | G | | |
| ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml | G | | |
| imatinib oral tablet 100 mg, 400 mg | S | LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | S | PA | |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | S | PA | |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | S | | |
| IMBRUVICA ORAL TABLET 420 MG | S | PA | |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | FE | | |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | S | PA; LA | |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | S | PA; LA | |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML | S | 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 | S | PA; LA | |
| INQOVI ORAL TABLET 35-100 MG | FE | | decitabine |
| INREBIC ORAL CAPSULE 100 MG | FE | | JAKAFI |
| IRESSA ORAL TABLET 250 MG | S | PA; LA | gefitinib |
| irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml | G | | |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML | S | PA; LA | |
| IWILFIN ORAL TABLET 192 MG | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG | S | PA; LA | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | S | PA; LA | |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | FE | | BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 | S | PA | |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | S | PA; LA | KEYTRUDA |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) | S | PA; LA | |
| JYLAMVO ORAL SOLUTION 2 MG/ML | FE | | methotrexate |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG | S | PA; LA | |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | S | PA; LA | |
| kemoplat intravenous solution 1 mg/ml | G | | |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | S | PA | |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | S | 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 | S | 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) | S | PA; LA | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | FE | | diclofenac sodium, fluorouracil, fluorouracil, imiquimod |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | S | PA | |
| KRAZATI ORAL TABLET 200 MG | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL | S | PA | |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG | S | PA | |
| LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | FE | | SOMATULINE DEPOT |
| lapatinib oral tablet 250 mg | S | PA; LA | |
| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg | S | 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) | S | PA; LA | |
| letrozole oral tablet 2.5 mg | G | | |
| LEUKERAN ORAL TABLET 2 MG | PB | | |
| LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | FE | | ELIGARD, FIRMAGON, LUPRON DEPOT |
| leuprolide subcutaneous kit 1 mg/0.2 ml | S | PA; LA | |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML | S | PA | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | S | PA; LA | |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | S | PA | |
| LORBRENA ORAL TABLET 100 MG, 25 MG | S | PA; LA | |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | S | PA; LA | |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | S | PA; LA | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | S | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | S | PA; LA | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | S | PA; LA | ELIGARD, FIRMAGON |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | S | PA; LA | ELIGARD, FIRMAGON |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | S | PA; LA | ELIGARD, FIRMAGON |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | S | PA; LA | |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | S | PA; LA | ELIGARD, FIRMAGON |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | FE | | FENSOLVI, TRIPTODUR |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | FE | | FENSOLVI, TRIPTODUR |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | FE | | FENSOLVI, TRIPTODUR |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | S | PA; LA | |
| LYSODREN ORAL TABLET 500 MG | S | | |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | S | PA | |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | S | PA | capecitabine, docetaxel, lapatinib, paclitaxel, KADCYLA, PERJETA |
| MATULANE ORAL CAPSULE 50 MG | S | | |
| megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) | G | | |
| megestrol oral tablet 20 mg, 40 mg | G | | |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | S | LA | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| MYLERAN ORAL TABLET 2 MG | PB | | |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | S | PA; LA | |
| nelarabine intravenous solution 250 mg/50 ml | S | LA | |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | NPB | | cyclosporine |
| NEORAL ORAL SOLUTION 100 MG/ML | NPB | | cyclosporine |
| NERLYNX ORAL TABLET 40 MG | S | PA; LA | |
| NEXAVAR ORAL TABLET 200 MG | S | LA | sorafenib |
| NILANDRON ORAL TABLET 150 MG | NPB | PA | nilutamide |
| nilutamide oral tablet 150 mg | G | PA | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | S | PA; LA | |
| NIPENT INTRAVENOUS RECON SOLN 10 MG | NPB | | |
| NUBEQA ORAL TABLET 300 MG | S | 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 | S | PA; LA | |
| octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) | S | PA; LA | |
| ODOMZO ORAL CAPSULE 200 MG | S | PA; LA | |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | FE | | KANJINTI, TRAZIMERA |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG | S | PA | |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | S | PA | |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | S | PA | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML | NPB | | |
| PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG | NPB | | |
| PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML | NPB | | |
| PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML | NPB | | pemetrexed disodium |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | NPB | | pemetrexed disodium |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) | S | PA; LA | |
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML | S | 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) | S | PA; LA | |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG | S | PA; LA | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | S | PA; LA | |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) | S | PA; LA | carboplatin, cisplatin, gemcitabine hcl |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML | S | PA | |
| PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) | S | PA; LA | |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | PB | | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | NPB | | TACROLIMUS |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | PB | | |
| PURIXAN ORAL SUSPENSION 20 MG/ML | S | | |
| QINLOCK ORAL TABLET 50 MG | FE | | imatinib mesylate, pazopanib hcl, sorafenib, sunitinib malate, SPRYCEL, STIVARGA, TASIGNA |
| 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 | S | PA; LA | GAVRETO |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | S | PA; LA | |
| REZLIDHIA ORAL CAPSULE 150 MG | FE | | TIBSOVO |
| REZUROCK ORAL TABLET 200 MG | NPB | PA; QL | |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | FE | | RUXIENCE |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | FE | | RUXIENCE |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML | FE | | RUXIENCE |
| romidepsin intravenous recon soln 10 mg/2 ml | S | PA | |
| ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML | S | PA | ISTODAX |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | S | PA; LA | |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | S | PA; LA | |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | FE | | LYNPARZA |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | S | PA; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | S | PA; LA | EXKIVITY |
| RYDAPT ORAL CAPSULE 25 MG | S | PA; LA | |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML | S | 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 | S | PA; LA | octreotide acetate |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG | FE | | SOMATULINE DEPOT |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) | S | | BENLYSTA |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML | S | PA | DARZALEX |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG | S | PA; LA | |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG | FE | | SIGNIFOR, SOMATULINE DEPOT |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | S | PA | |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG | FE | | DROXIA |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG | PB | | |
| sirolimus oral solution 1 mg/ml | G | | |
| sirolimus oral tablet 0.5 mg, 1 mg, 2 mg | G | | |

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

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| topotecan intravenous solution 4 mg/4 ml (1 mg/ml) | S | PA; LA | |
| toremifene oral tablet 60 mg | G | | |
| TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) | S | PA; LA | temsirolimus |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | S | PA; LA | |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG | S | PA; LA | bendamustine hcl |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | FE | | ELIGARD, FIRMAGON, LUPRON DEPOT |
| tretinoin (antineoplastic) oral capsule 10 mg | G | | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | NPB | | methotrexate |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | S | PA | |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML | NPB | PA | arsenic trioxide |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG | S | PA | |
| TRUQAP ORAL TABLET 160 MG, 200 MG | FE | | anastrozole, exemestane, letrozole, tamoxifen citrate, KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | FE | | RUXIENCE |
| TUKYSA ORAL TABLET 150 MG, 50 MG | S | PA | |
| TURALIO ORAL CAPSULE 125 MG | S | PA | |
| TYKERB ORAL TABLET 250 MG | S | PA; LA | lapatinib |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML | FE | | ENSPRYNG |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | FE | | RYDAPT |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | S | PA; LA | |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | FE | | ZIRABEV |
| VELCADE INJECTION RECON SOLN 3.5 MG | S | PA; LA | bortezomib |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | S | PA | |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | S | PA | |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | S | PA; LA | |
| VIDAZA INJECTION RECON SOLN 100 MG | S | LA | azacitidine |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG | S | PA; QL | |
| vinblastine intravenous solution 1 mg/ml | G | | |
| vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml | G | | |
| vincristine intravenous solution 1 mg/ml, 2 mg/2 ml | G | | |
| vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml | G | | |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | S | PA; LA | |
| VITRAKVI ORAL SOLUTION 20 MG/ML | S | PA; LA | |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML | FE | | bendamustine hcl, BENDEKA |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | S | PA; LA | |
| VONJO ORAL CAPSULE 100 MG | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| VOTRIENT ORAL TABLET 200 MG | S | LA | pazopanib hcl |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG | S | PA | |
| WELIREG ORAL TABLET 40 MG | S | PA | |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | S | PA; LA | |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG | S | PA; LA | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | FE | | methotrexate |
| XELODA ORAL TABLET 150 MG, 500 MG | S | LA | capecitabine |
| XERMELO ORAL TABLET 250 MG | S | PA | |
| XOSPATA ORAL TABLET 40 MG | S | 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 | | bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID |
| XTANDI ORAL CAPSULE 40 MG | S | PA; LA | |
| XTANDI ORAL TABLET 40 MG, 80 MG | S | PA; LA | |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | S | PA; LA | |
| YESCARTA INTRAVENOUS SUSPENSION | S | PA | |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | S | | |
| YONSA ORAL TABLET 125 MG | FE | | abiraterone acetate, XTANDI |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | S | PA; LA | |
| ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM | PB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | FE | | LYNPARZA |
| ZELBORAF ORAL TABLET 240 MG | S | LA | |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG | S | PA | |
| ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML | PB | | |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | S | PA; LA | |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | S | PA; LA | |
| ZOLINZA ORAL CAPSULE 100 MG | S | 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 | S | PA; LA | |
| ZYKADIA ORAL TABLET 150 MG | S | PA; LA | |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | S | PA | cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | S | PA | |
| ZYTIGA ORAL TABLET 250 MG, 500 MG | FE | | abiraterone acetate |

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

| | | | |
|---|-----|--|---|
| ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-% | FE | | |
| 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 | | rufinamide |
| BANZEL ORAL TABLET 200 MG, 400 MG | FE | | rufinamide |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | | |
| carbamazepine oral suspension 100 mg/5 ml | G | | |
| carbamazepine oral tablet 200 mg | G | | |
| carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg | G | | |
| carbamazepine oral tablet, chewable 100 mg | G | | |
| 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 | G | | |
| clobazam oral tablet 10 mg, 20 mg | G | | |
| clonazepam oral tablet 0.5 mg, 1 mg, 2 mg | G | | |
| clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg | G | | |
| 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 | S | | |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | S | | |
| diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | NPB | | phenytoin sodium |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG | NPB | | phenytoin |
| DILANTIN ORAL CAPSULE 30 MG | PB | | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML | NPB | | phenytoin |
| divalproex oral capsule, delayed rel sprinkle 125 mg | G | | |
| divalproex oral tablet extended release 24 hr 250 mg, 500 mg | G | | |
| divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg | G | | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG | NPB | ST | levetiracetam |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | S | PA; LA | |
| epitol oral tablet 200 mg | G | | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | FE | | topiramate |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | NPB | | carbamazepine, carbamazepine er |
| ethosuximide oral capsule 250 mg | G | | |
| ethosuximide oral solution 250 mg/5 ml | G | | |
| felbamate oral suspension 600 mg/5 ml | G | | |
| felbamate oral tablet 400 mg, 600 mg | G | | |
| FELBATOL ORAL TABLET 400 MG, 600 MG | NPB | | felbamate |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | FE | | 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 | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml) | G | | |
| gabapentin oral tablet 600 mg, 800 mg | G | | |
| gabapentin oral tablet extended release 24 hr 300 mg, 600 mg | G | ST | |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG | NPB | ST | gabapentin er |
| KEPPRA ORAL SOLUTION 100 MG/ML | FE | | levetiracetam |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG | FE | | levetiracetam |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | FE | | levetiracetam |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG | FE | | clonazepam |
| lacosamide oral solution 10 mg/ml | G | PA | |
| lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg | G | PA | |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG | FE | | lamotrigine odt |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) | FE | | lamotrigine odt |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) | FE | | lamotrigine odt |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) | FE | | lamotrigine odt |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | FE | | lamotrigine |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | FE | | lamotrigine |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) | FE | | lamotrigine |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | FE | | lamotrigine |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | FE | | lamotrigine |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | FE | | 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 | G | | |
| 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) | G | | |
| lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg | G | | |
| lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg | G | | |
| lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg | G | | |
| lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml) | G | | |
| levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg | G | | |
| levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg | G | | |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | FE | | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG | FE | | pregabalin er |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | FE | | pregabalin |
| LYRICA ORAL SOLUTION 20 MG/ML | FE | | pregabalin |
| methsuximide oral capsule 300 mg | G | | |
| MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG | FE | | lacosamide |
| 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 | | gabapentin |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML | FE | | gabapentin |
| NEURONTIN ORAL TABLET 600 MG, 800 MG | FE | | gabapentin |
| ONFI ORAL SUSPENSION 2.5 MG/ML | FE | | clobazam |
| ONFI ORAL TABLET 10 MG, 20 MG | FE | | clobazam |
| oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) | G | | |
| oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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) | G | | |
| phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg | G | | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | NPB | | phenytoin sodium |
| phenytoin oral suspension 125 mg/5 ml | G | | |
| phenytoin oral tablet, chewable 50 mg | G | | |
| phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg | G | | |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg | G | | |
| pregabalin oral solution 20 mg/ml | G | | |
| pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg | G | ST | |
| PRIMIDONE ORAL TABLET 125 MG | FE | | primidone |
| primidone oral tablet 250 mg, 50 mg | G | | |
| 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 | G | | |
| rufinamide oral suspension 40 mg/ml | G | | |
| rufinamide oral tablet 200 mg, 400 mg | G | | |
| SABRIL ORAL POWDER IN PACKET 500 MG | FE | | vigabatrin, vigadrone, vigpoder |
| SABRIL ORAL TABLET 500 MG | FE | | 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 | G | | |
| subvenite starter (blue) kit oral tablets, dose pack 25 mg (35) | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14) | G | | |
| subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7) | G | | |
| 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 | G | | |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG | FE | | topiramate |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | FE | | topiramate |
| topiramate oral capsule, sprinkle 15 mg, 25 mg | G | | |
| topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg | G | ST | |
| topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg | G | ST | |
| topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | G | | |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) | FE | | oxcarbazepine |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG | FE | | 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) | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| valproic acid oral capsule 250 mg | G | | |
| 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 |
| vigabatrin oral powder in packet 500 mg | S | PA; QL; LA | |
| vigabatrin oral tablet 500 mg | S | PA; QL; LA | |
| vigadrone oral powder in packet 500 mg | S | QL | |
| vigadrone oral tablet 500 mg | S | QL | |
| vigpoder oral powder in packet 500 mg | S | PA; QL | |
| VIMPAT ORAL SOLUTION 10 MG/ML | FE | | lacosamide |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | FE | | 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 ORAL TABLET 25 MG | NPB | | 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 | | zonisamide |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | FE | | zonisamide |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| zonisamide oral capsule 100 mg, 25 mg, 50 mg | G | | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | S | PA | |
| ANTIPARKINSONISM AGENTS | | | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML | FE | | apomorphine hcl |
| apomorphine subcutaneous cartridge 10 mg/ml | S | PA; QL | |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | NPB | | rasagiline mesylate |
| benztropine oral tablet 0.5 mg, 1 mg, 2 mg | G | | |
| bromocriptine oral capsule 5 mg | G | | |
| bromocriptine oral tablet 2.5 mg | G | | |
| carbidopa oral tablet 25 mg | G | PA | |
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg | G | | |
| carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg | G | | |
| carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg | G | | |
| 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 | G | | |
| DHIVY ORAL TABLET 25-100 MG | FE | | carbidopa/levodopa |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML | S | PA; LA | carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa |
| entacapone oral tablet 200 mg | G | | |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG | FE | | Immediate-release amantadine capsules, amantadine tablets, or amantadine oral solution |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | S | QL | |
| LODOSYN ORAL TABLET 25 MG | NPB | PA | carbidopa |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|--|
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 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 |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | S | QL; LA | cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl, KYNMOBI |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | FE | | entacapone |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG | FE | | Immediate-release amantadine capsules, amantadine tablets, or amantadine oral solution |
| PARLODEL ORAL CAPSULE 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 | G | | |
| 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 | G | | |
| rasagiline oral tablet 0.5 mg, 1 mg | G | | |
| ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg | G | | |
| ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg | G | | |
| 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 | G | | |
| selegiline hcl oral tablet 5 mg | G | | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | NPB | | carbidopa/levodopa |
| TASMAR ORAL TABLET 100 MG | NPB | PA | tolcapone |
| tolcapone oral tablet 100 mg | G | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| trihexyphenidyl oral elixir 0.4 mg/ml | G | | |
| trihexyphenidyl oral tablet 2 mg, 5 mg | G | | |
| XADAGO ORAL TABLET 100 MG, 50 MG | FE | | rasagiline mesylate, selegiline hcl |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG | FE | | rasagiline mesylate, selegiline hcl |
| MIGRAINE & CLUSTER HEADACHE THERAPY | | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | PB | PA; ST | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | PB | PA; ST | |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | PB | PA; ST | |
| almotriptan malate oral tablet 12.5 mg, 6.25 mg | G | QL | |
| dihydroergotamine injection solution 1 mg/ml | G | | |
| dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) | G | QL | |
| eletriptan oral tablet 20 mg, 40 mg | G | QL | |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) | FE | | celecoxib |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | PB | PA; ST | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) | PB | PA; ST | |
| ERGOMAR SUBLINGUAL TABLET 2 MG | NPB | | ergotamine-caffeine |
| ergotamine-caffeine oral tablet 1-100 mg | G | | |
| FROVA ORAL TABLET 2.5 MG | NPB | ST; QL | frovatriptan succinate |
| frovatriptan oral tablet 2.5 mg | G | ST; QL | |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG | FE | | sumatriptan succinate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|----------------------------------|
| IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML | FE | | sumatriptan succinate |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML | FE | | sumatriptan succinate |
| MAXALT ORAL TABLET 10 MG | FE | | rizatriptan |
| MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG | FE | | rizatriptan |
| migergot rectal suppository 2-100 mg | G | | |
| 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 | | sumatriptan succinate |
| naratriptan oral tablet 1 mg, 2.5 mg | G | QL | |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | PB | PA; ST; QL | |
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG | FE | | sumatriptan, zolmitriptan, ZOMIG |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | PB | PA; ST | |
| RELPAZ ORAL TABLET 20 MG, 40 MG | FE | | eletriptan hbr |
| REYVOW ORAL TABLET 100 MG, 50 MG | NPB | PA; ST; QL | NURTEC ODT, UBRELVY |
| rizatriptan oral tablet 10 mg, 5 mg | G | QL | |
| rizatriptan oral tablet,disintegrating 10 mg, 5 mg | G | QL | |
| sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation | G | QL | |
| sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg | G | QL | |
| sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml | G | QL | |
| sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| sumatriptan succinate subcutaneous solution 6 mg/0.5 ml | G | QL | |
| sumatriptan-naproxen oral tablet 85-500 mg | FE | | 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 | | 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 | | AIMOVIG AUTOINJECTOR, AJOVY, EMGALITY |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION | FE | | 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 | G | ST; QL | |
| zolmitriptan oral tablet 2.5 mg, 5 mg | G | QL | |
| zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg | G | QL | |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG | NPB | ST; QL | zolmitriptan |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | FE | | zolmitriptan |
| 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 | | |
| AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG | FE | | dalfampridine er |
| AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML | FE | | |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG | NPB | ST | donepezil hcl |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | S | PA; ST; QL; LA | |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG | S | 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) | S | PA; QL; LA | |
| dalfampridine oral tablet extended release 12 hr 10 mg | S | PA; QL; LA | |
| DAYBUE ORAL SOLUTION 200 MG/ML | FE | | |
| dichlorphenamide oral tablet 50 mg | S | LA | |
| donepezil oral tablet 10 mg, 5 mg | G | | |
| donepezil oral tablet 23 mg | G | ST | |
| donepezil oral tablet,disintegrating 10 mg, 5 mg | G | | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | S | 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 |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | FE | | |
| FIRDAPSE ORAL TABLET 10 MG | S | | |
| galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg | G | | |
| galantamine oral solution 4 mg/ml | G | | |
| galantamine oral tablet 12 mg, 4 mg, 8 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG | NPB | ST | gabapentin, gabapentin er, pregabalin, pregabalin er |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | S | PA; QL | AUSTEDO, AUSTEDO XR |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | S | PA; QL | AUSTEDO, AUSTEDO XR |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | FE | | |
| KEVEYIS ORAL TABLET 50 MG | FE | | dichlorphenamide |
| LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML | FE | | |
| memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg | G | | |
| memantine oral solution 2 mg/ml | G | | |
| memantine oral tablet 10 mg, 5 mg | G | | |
| MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG | NPB | | 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 | | memantine hcl er |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | PB | ST | |
| 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 | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML | FE | | |
| ormalvi oral tablet 50 mg | S | | |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML | S | PA | |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML | S | PA; LA | |
| RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM | FE | | |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg | G | | |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour | G | | |
| SKYCLARYS ORAL CAPSULE 50 MG | FE | | |
| SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML | S | PA | |
| SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML | S | PA; QL; LA | |
| TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML | S | PA; QL; LA | |
| tetrabenazine oral tablet 12.5 mg, 25 mg | S | PA; ST; QL; LA | |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | S | PA; QL; LA | |
| VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML | FE | | |
| VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML | FE | | |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML | FE | | |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | FE | | tetrabenazine |
| ZEPOSIA ORAL CAPSULE 0.92 MG | S | PA; ST; QL; LA | |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | S | PA; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) | S | PA; ST; QL; LA | |
| ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML | S | PA; LA | |
| MUSCLE RELAXANTS & ANTISPASMODIC THERAPY | | | |
| AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG | FE | | cyclobenzaprine hcl 5 mg or 10 mg tablets |
| BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML), 5 MG/5 ML | FE | | baclofen |
| baclofen oral suspension 25 mg/5 ml (5 mg/ml) | G | | |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | G | | |
| BACLOFEN ORAL TABLET 15 MG | FE | | baclofen |
| carisoprodol oral tablet 250 mg, 350 mg | G | | metaxalone, tizanidine hcl |
| carisoprodol-aspirin oral tablet 200-325 mg | G | | metaxalone, tizanidine hcl |
| carisoprodol-aspirin-codeine oral tablet 200-325-16 mg | G | PA; QL | metaxalone, tizanidine hcl |
| chlorzoxazone oral tablet 250 mg, 750 mg | FE | | chlorzoxazone 500 mg |
| chlorzoxazone oral tablet 375 mg | FE | | |
| chlorzoxazone oral tablet 500 mg | G | | |
| cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg | FE | | cyclobenzaprine hcl 5 mg or 10 mg tablets |
| cyclobenzaprine oral tablet 10 mg, 5 mg | G | | |
| cyclobenzaprine oral tablet 7.5 mg | FE | | cyclobenzaprine 5 mg or 10 mg |
| CYCLOTENS REFILL COMBO PACK 10 MG | FE | | |
| CYCLOTENS STARTER COMBO PACK 10 MG | FE | | |
| DANTRIUM ORAL CAPSULE 25 MG | NPB | | dantrolene sodium |
| dantrolene oral capsule 100 mg, 25 mg, 50 mg | G | | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML) | FE | | baclofen |
| OZOBAX ORAL SOLUTION 5 MG/5 ML | FE | | baclofen |
| pyridostigmine bromide oral syrup 60 mg/5 ml | G | | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | NPB | | pyridostigmine bromide |
| pyridostigmine bromide oral tablet 60 mg | G | | |
| pyridostigmine bromide oral tablet extended release 180 mg | G | | |
| RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML | FE | | |
| SOMA ORAL TABLET 250 MG, 350 MG | NPB | | metaxalone, tizanidine hcl |
| tizanidine oral capsule 2 mg, 4 mg, 6 mg | FE | | tizanidine tablets |
| tizanidine oral tablet 2 mg, 4 mg | G | | |
| vanadom oral tablet 350 mg | G | | metaxalone, tizanidine hcl |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML | S | PA; LA | |
| VYVGART INTRAVENOUS SOLUTION 20 MG/ML | S | PA; LA | |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG | NPB | | tizanidine hcl |
| ZANAFLEX ORAL TABLET 4 MG | NPB | | tizanidine hcl |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML | FE | | SOLIRIS |
| NARCOTIC ANALGESICS | | | |
| acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg | G | PA; QL | |
| acetaminophen-codeine oral solution 120-12 mg/5 ml | G | PA; QL | |
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg | G | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ascomp with codeine oral capsule 30-50-325-40 mg | G | 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 | S | LA | |
| BUPAP ORAL TABLET 50-300 MG | FE | | acetaminophen w/butalbital |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg | G | | |
| buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour | G | ST | |
| butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg | G | PA; QL | |
| butalbital-acetaminophen oral capsule 50-300 mg | G | | |
| butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg | G | | |
| butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg | G | | |
| butalbital-acetaminophen-caff oral tablet 50-325-40 mg | G | | |
| butalbital-aspirin-caffeine oral capsule 50-325-40 mg | G | | |
| butalbital-aspirin-caffeine oral tablet 50-325-40 mg | G | | |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR | FE | | buprenorphine |
| codeine sulfate oral tablet 15 mg, 30 mg, 60 mg | G | PA; QL | |
| codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg | G | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | 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 | G | 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 | G | ST; QL | |
| 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 | G | ST; QL | |
| FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | FE | | 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 | G | 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 | G | ST; QL | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml | G | PA; QL | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | G | PA; QL | |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | G | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| hydromorphone oral liquid 1 mg/ml | G | PA; QL | |
| hydromorphone oral tablet 2 mg, 4 mg, 8 mg | G | PA; QL | |
| hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg | G | ST; QL | |
| hydromorphone rectal suppository 3 mg | G | 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 | | 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 | G | PA; QL | hydromorphone hcl, morphine sulfate, oxycodone hcl |
| meperidine oral tablet 50 mg | G | PA; QL | codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl |
| methadone oral concentrate 10 mg/ml | G | QL | |
| methadone oral solution 10 mg/5 ml, 5 mg/5 ml | G | QL | |
| methadone oral tablet 10 mg, 5 mg | G | QL | |
| methadone oral tablet,soluble 40 mg | G | QL | |
| methadose oral concentrate 10 mg/ml | G | QL | |
| methadose oral tablet,soluble 40 mg | G | QL | |
| morphine concentrate oral solution 100 mg/5 ml (20 mg/ml) | G | PA; QL | |
| morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | G | ST; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | G | ST; QL | |
| morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml) | G | PA; QL | |
| morphine oral tablet 15 mg, 30 mg | G | PA; QL | |
| morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg | G | ST; QL | |
| morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg | G | 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 | oxycodone w/acetaminophen |
| oxycodone oral capsule 5 mg | G | PA; QL | |
| oxycodone oral concentrate 20 mg/ml | G | PA; QL | |
| oxycodone oral solution 5 mg/5 ml | G | PA; QL | |
| oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg | G | PA; QL | |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG | FE | | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml | G | PA; QL | |
| oxycodone-acetaminophen oral tablet 10-300 mg | G | 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 | G | PA; QL | |
| oxycodone-acetaminophen oral tablet 2.5-300 mg | G | PA; QL | oxycodone-acetaminophen 2.5-325 mg tablets |
| oxycodone-acetaminophen oral tablet 5-300 mg | G | PA; QL | oxycodone-acetaminophen 5-325 mg tablets |
| oxycodone-acetaminophen oral tablet 7.5-300 mg | G | PA; QL | oxycodone-acetaminophen 7.5-325 mg tablets |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | PA; QL | |
| oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg | G | ST; QL | |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | FE | | oxycodone w/acetaminophen |
| PRIMLEV ORAL TABLET 10-300 MG | FE | | oxycodone-acetaminophen 10-325 mg tablets |
| PRIMLEV ORAL TABLET 5-300 MG | FE | | oxycodone-acetaminophen 5-325 mg tablets |
| PRIMLEV ORAL TABLET 7.5-300 MG | FE | | oxycodone-acetaminophen 7.5-325 mg tablets |
| PROLATE ORAL SOLUTION 10-300 MG/5 ML | FE | | oxycodone-acetaminophen 10-325 mg tablets |
| prolate oral tablet 10-300 mg | G | PA; QL | oxycodone-acetaminophen 10-325 mg tablets |
| prolate oral tablet 5-300 mg | G | PA; QL | oxycodone-acetaminophen 5-325 mg tablets |
| prolate oral tablet 7.5-300 mg | G | 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 | | oxycodone hcl |
| SEGLENTIS ORAL TABLET 44-56 MG | FE | | celecoxib, tramadol hcl |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML | S | LA | |
| tencon oral tablet 50-325 mg | G | | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | NPB | QL | apap-caffeine-dihydrocodeine |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | FE | | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN |
| NON-NARCOTIC ANALGESICS | | | |
| adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg | G | 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 | G | ACA | |
| aspirin oral tablet,chewable 81 mg | G | ACA | |
| aspirin oral tablet,delayed release (dr/ec) 81 mg | G | ACA | |
| bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg | G | ACA | |
| buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg | G | | |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg | G | | |
| butorphanol injection solution 1 mg/ml, 2 mg/ml | G | PA; QL | |
| butorphanol nasal spray,non-aerosol 10 mg/ml | G | 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 | | |
| CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 % | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG | FE | | celecoxib |
| celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg | G | | |
| CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG | FE | | tramadol hcl er |
| CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG | FE | | tramadol hcl er |
| COXANTO ORAL CAPSULE 300 MG | FE | | oxaprozin, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone |
| DAYPRO ORAL TABLET 600 MG | NPB | ST | oxaprozin |
| DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | FE | | diclofenac sodium |
| DICLAREAL TOPICAL COMBO PACK 2-0.025 % | FE | | |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 % | FE | | FLECTOR, LICART |
| diclofenac potassium oral capsule 25 mg | G | | |
| diclofenac potassium oral powder in packet 50 mg | G | ST; QL | |
| diclofenac potassium oral tablet 25 mg | G | ST | |
| diclofenac potassium oral tablet 50 mg | G | | |
| diclofenac sodium oral tablet extended release 24 hr 100 mg | G | | |
| diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg | G | | |
| diclofenac sodium topical drops 1.5 % | G | QL | |
| diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %) | G | ST; QL | |
| DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG | FE | | diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg | G | | |
| DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | FE | | |
| DICLOFONO TOPICAL GEL IN PACKET 1.6 % | FE | | |
| DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % | FE | | |
| DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % | FE | | |
| DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | FE | | |
| DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | FE | | diclofenac sodium |
| DICLOTREX II TOPICAL KIT 1.5-10-4 % | FE | | |
| DICLOTREX TOPICAL KIT 1.5-10-4 % | FE | | |
| diflunisal oral tablet 500 mg | G | | |
| DIMENTHO TOPICAL KIT 1.5-10 % | FE | | |
| DISALCID ORAL TABLET 500 MG, 750 MG | NPB | | salsalate |
| DITHOL TOPICAL COMBO PACK 1.5-10 % | FE | | |
| 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 | G | ACA | |
| etodolac oral capsule 200 mg, 300 mg | G | | |
| etodolac oral tablet 400 mg, 500 mg | G | | |
| etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) | S | PA; LA | |
| FELDENE ORAL CAPSULE 10 MG, 20 MG | NPB | ST | piroxicam |
| FENOPROFEN ORAL CAPSULE 200 MG | FE | | fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone |
| fenoprofen oral capsule 400 mg | G | ST | |
| fenoprofen oral tablet 600 mg | G | ST | |
| FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % | FE | | |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % | PB | ST; QL | |
| flurbiprofen oral tablet 100 mg | G | | |
| FROTEK TOPICAL CREAM IN PACKET 10 % | FE | | |
| FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % | FE | | |
| ibu oral tablet 400 mg, 600 mg, 800 mg | G | | |
| IBUPAK ORAL KIT 600 MG | FE | | |
| ibuprofen oral suspension 100 mg/5 ml | G | | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | G | | |
| ibuprofen-famotidine oral tablet 800-26.6 mg | G | ST | |
| ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | FE | | |
| INDOCIN ORAL SUSPENSION 25 MG/5 ML | FE | | indomethacin |
| INDOCIN RECTAL SUPPOSITORY 50 MG | FE | | |
| indomethacin oral capsule 25 mg, 50 mg | G | | |
| indomethacin oral capsule, extended release 75 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| indomethacin oral suspension 25 mg/5 ml | G | ST | |
| INDOMETHACIN RECTAL SUPPOSITORY 100 MG | FE | | |
| indomethacin rectal suppository 50 mg | G | | |
| INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % | FE | | diclofenac sodium |
| ketoprofen oral capsule 25 mg | FE | | 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 | G | | |
| ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg | G | ST | |
| KETOROLAC NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY | FE | | diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam |
| ketorolac oral tablet 10 mg | G | QL | |
| kiprofen oral capsule 25 mg | FE | | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | PB | QL | |
| LEXITRAL PHARMAPAK II TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % | FE | | |
| LEXTOL TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % | FE | | |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 % | PB | ST; QL | |
| LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| LODINE ORAL TABLET 400 MG | NPB | ST | |
| lofena oral tablet 25 mg | G | ST | |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG | NPB | | |
| LUCEMYRA ORAL TABLET 0.18 MG | FE | | clonidine hcl |
| meclofenamate oral capsule 100 mg, 50 mg | G | | |
| mefenamic acid oral capsule 250 mg | G | | |
| MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML | FE | | ibuprofen, naproxen |
| meloxicam oral tablet 15 mg, 7.5 mg | G | QL | |
| meloxicam submicronized oral capsule 10 mg, 5 mg | G | ST; QL | |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML | S | PA; LA | |
| nabumetone oral tablet 500 mg, 750 mg | G | | |
| NALFON ORAL CAPSULE 400 MG | FE | | fenoprofen calcium |
| NALFON ORAL TABLET 600 MG | NPB | ST | fenoprofen calcium |
| naloxone injection solution 0.4 mg/ml | G | | |
| naloxone injection syringe 0.4 mg/ml, 1 mg/ml | G | | |
| naloxone nasal spray,non-aerosol 4 mg/actuation | G | QL | |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG | NPB | | |
| naltrexone oral tablet 50 mg | G | | |
| 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 | G | ST | |
| naproxen oral tablet 250 mg, 375 mg, 500 mg | G | | |
| naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| naproxen sodium oral tablet 275 mg, 550 mg | G | | |
| naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg | G | ST | |
| naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg | G | 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 | | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | FE | | hydrocodone w/acetaminophen, morphine sulfate, oxycodone hcl, tramadol hcl, tramadol hcl-acetaminophen |
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION | NPB | | naloxone hcl, KLOXXADO |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML | S | PA; LA | |
| OXAPROZIN ORAL CAPSULE 300 MG | FE | | oxaprozin, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone |
| oxaprozin oral tablet 600 mg | G | | |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) | FE | | diclofenac sodium |
| pentazocine-naloxone oral tablet 50-0.5 mg | G | PA; QL | codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl |
| piroxicam oral capsule 10 mg, 20 mg | G | | |
| PROFINAC TOPICAL KIT 1.5 % | FE | | |
| QDOLO ORAL SOLUTION 5 MG/ML | FE | | tramadol hcl |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|--|
| RELAFEN DS ORAL TABLET 1,000 MG | FE | | nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | FE | | |
| ROAOXIA TOPICAL GEL 3-2-4 % | FE | | |
| salsalate oral tablet 500 mg, 750 mg | G | | |
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY | S | ST; QL | etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen |
| st joseph aspirin oral tablet, chewable 81 mg | G | ACA | |
| st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg | G | ACA | |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | FE | | buprenorphine-naloxone |
| sulindac oral tablet 150 mg, 200 mg | G | | |
| TIVORBEX ORAL CAPSULE 20 MG | FE | | 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 |
| TOLECTIN 600 ORAL TABLET 600 MG | FE | | |
| tolmetin oral capsule 400 mg | G | ST | |
| TORONOVA II SUIK KIT 30 MG/ML | FE | | |
| TORONOVA SUIK KIT 30 MG/ML | FE | | |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG | FE | | tramadol hcl er |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG | FE | | tramadol hcl er |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| TRAMADOL ORAL SOLUTION 5 MG/ML | FE | | tramadol hcl |
| TRAMADOL ORAL TABLET 100 MG, 25 MG | FE | | tramadol hcl |
| tramadol oral tablet 50 mg | G | PA; QL | |
| tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg | G | QL | |
| tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg | G | QL | |
| tramadol-acetaminophen oral tablet 37.5-325 mg | G | PA; QL | |
| VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % | FE | | |
| VENNGEL ONE TOPICAL KIT 1 % | FE | | |
| VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG | FE | | naproxen-esomeprazole mag |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML | FE | | EUFLEXXA, MONOVISC, ORTHOVISC |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG | S | LA | |
| VIVLODEX ORAL CAPSULE 10 MG, 5 MG | FE | | 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 | | diclofenac sodium |
| ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 % | FE | | |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML | FE | | naloxone hcl |
| ZIPSOR ORAL CAPSULE 25 MG | FE | | diclofenac potassium |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG | FE | | 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 | | |
| 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 | | 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 | | dextroamphetamine- amphetamine |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | FE | | 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 | G | | |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | G | | |
| alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg | G | | |
| alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg | G | | |
| AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG | FE | | zolpidem tartrate er |
| AMBIEN ORAL TABLET 10 MG, 5 MG | FE | | zolpidem tartrate |
| amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | G | | |
| amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg | G | | |
| amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg | G | | |
| amphetamine sulfate oral tablet 10 mg, 5 mg | G | | |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG | NPB | | clomipramine hcl |
| ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG | FE | | bupropion xl |
| APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | FE | | methylphenidate er |
| aripiprazole oral solution 1 mg/ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg | G | QL | |
| aripiprazole oral tablet, disintegrating 10 mg, 15 mg | G | QL | |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg | G | PA | |
| asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg | G | 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 | G | | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | FE | | 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 | G | | |
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg | G | QL | |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | FE | | bupropion xl |
| bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg | G | QL | |
| buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | G | | |
| 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 | | citalopram hbr |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg | G | | |
| chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml | G | | |
| chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg | G | | |
| CITALOPRAM ORAL CAPSULE 30 MG | FE | | citalopram hbr |
| citalopram oral solution 10 mg/5 ml | G | | |
| citalopram oral tablet 10 mg, 20 mg, 40 mg | G | QL | |
| clomipramine oral capsule 25 mg, 50 mg, 75 mg | G | | |
| clonidine hcl oral tablet extended release 12 hr 0.1 mg | G | | |
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg | G | | |
| clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg | G | | |
| clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg | G | | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | NPB | | clozapine |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG | FE | | 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 | | 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | G | | |
| 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 | G | 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 | G | | |
| dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg | G | | |
| dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg | G | | |
| dextroamphetamine sulfate oral solution 5 mg/5 ml | G | | |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | G | | |
| dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg | G | | |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg | G | | |
| dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | G | | |
| diazepam intensol oral concentrate 5 mg/ml | G | | |
| diazepam oral solution 5 mg/5 ml (1 mg/ml) | G | | |
| diazepam oral tablet 10 mg, 2 mg, 5 mg | G | | |
| DORAL ORAL TABLET 15 MG | FE | | estazolam, lorazepam |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | G | | |
| doxepin oral concentrate 10 mg/ml | G | | |
| doxepin oral tablet 3 mg, 6 mg | G | ST | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | FE | | desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg | G | QL | |
| duloxetine oral capsule, delayed release(dr/ec) 40 mg | G | ST; QL | |
| DULOXICAINE KIT 30 MG- 4% | FE | | |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML | FE | | dextroamphetamine-amphet er, lisdexamfetamine dimesylate |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG | FE | | dextroamphetamine-amphet er, lisdexamfetamine dimesylate |
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG | NPB | ST | eszopiclone, zaleplon, zolpidem tartrate |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG | FE | | venlafaxine hcl er |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | NPB | | phenelzine sulfate, tranlycypromine sulfate |
| ergoloid oral tablet 1 mg | G | | |
| escitalopram oxalate oral solution 5 mg/5 ml | G | ST | |
| escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg | G | QL | |
| estazolam oral tablet 1 mg, 2 mg | G | | |
| eszopiclone oral tablet 1 mg, 2 mg, 3 mg | G | | |
| EVEKEO ORAL TABLET 10 MG, 5 MG | FE | | amphetamine sulfate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | G | QL | |
| fluoxetine oral capsule 20 mg | G | | |
| fluoxetine oral capsule,delayed release(dr/ec) 90 mg | G | ST; QL | |
| fluoxetine oral solution 20 mg/5 ml (4 mg/ml) | G | | |
| fluoxetine oral tablet 10 mg | G | ST; QL | |
| fluoxetine oral tablet 20 mg, 60 mg | G | ST | |
| fluphenazine hcl oral concentrate 5 mg/ml | G | | |
| fluphenazine hcl oral elixir 2.5 mg/5 ml | G | | |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg | G | | |
| flurazepam oral capsule 15 mg, 30 mg | G | | |
| fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg | G | ST; QL | |
| fluvoxamine oral tablet 100 mg, 25 mg, 50 mg | G | QL | |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG | FE | | dexmethylphenidate hcl |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| 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 | | dexmethylphenidate hcl er |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | FE | | bupropion xl |
| 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 | G | | |
| HALCION ORAL TABLET 0.25 MG | NPB | | triazolam |
| haloperidol lactate oral concentrate 2 mg/ml | G | | |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | G | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | S | PA; LA | |
| HETLIOZ ORAL CAPSULE 20 MG | S | PA; LA | |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG | NPB | | |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg | G | | |
| imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg | G | | |
| INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG | FE | | 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 | | dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | FE | | lurasidone hcl |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG | FE | | escitalopram oxalate |
| lisdexamphetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | G | | |
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg | G | | |
| lithium carbonate oral tablet 300 mg | G | | |
| lithium carbonate oral tablet extended release 300 mg, 450 mg | G | | |
| lithium citrate oral solution 8 meq/5 ml | G | | |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG | NPB | | lithium carbonate |
| lorazepam intensol oral concentrate 2 mg/ml | G | | |
| lorazepam oral concentrate 2 mg/ml | G | | |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg | G | | |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG | FE | | lorazepam |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg | G | | |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | S | ST; QL; LA | |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG | FE | | eszopiclone |
| lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg | G | QL | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | NPB | PA; QL | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| MARPLAN ORAL TABLET 10 MG | NPB | | phenelzine sulfate, tranylcypromine sulfate |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | NPB | | |
| methamphetamine oral tablet 5 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | G | | |
| methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | G | | |
| methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg | G | | |
| methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml | G | | |
| methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg | G | | |
| methylphenidate hcl oral tablet extended release 10 mg, 20 mg | G | | |
| methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg | G | | |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG | FE | | dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la |
| methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg | G | | |
| methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr | G | | |
| MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML) | NPB | | |
| midazolam oral syrup 2 mg/ml | G | | |
| mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg | G | | |
| mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg | G | | |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG | NPB | | |
| modafinil oral tablet 100 mg, 200 mg | G | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| molindone oral tablet 10 mg, 25 mg, 5 mg | G | | |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG | NPB | | dextroamphetamine-amphet er |
| NARDIL ORAL TABLET 15 MG | NPB | | phenelzine sulfate |
| nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg | G | | bupropion hcl, mirtazapine, trazodone hcl |
| nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg | G | | |
| nortriptyline oral solution 10 mg/5 ml | G | | |
| NUPLAZID ORAL CAPSULE 34 MG | S | QL; LA | clozapine, quetiapine fumarate |
| NUPLAZID ORAL TABLET 10 MG | S | QL; LA | clozapine, quetiapine fumarate |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG | FE | | armodafinil |
| olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg | G | QL | |
| olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg | G | QL | |
| olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg | G | | |
| oxazepam oral capsule 10 mg, 15 mg, 30 mg | G | | lorazepam |
| paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg | G | QL | |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG | NPB | | nortriptyline hcl |
| PARNATE ORAL TABLET 10 MG | NPB | | tranlycypromine sulfate |
| paroxetine hcl oral suspension 10 mg/5 ml | G | ST | |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg | G | QL | |
| paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg | G | ST; QL | |
| paroxetine mesylate(menop.sym) oral capsule 7.5 mg | G | ST; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | G | | |
| perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg | G | | |
| phenelzine oral tablet 15 mg | G | | |
| pimozide oral tablet 1 mg, 2 mg | G | | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG | FE | | desvenlafaxine succinate er |
| procentra oral solution 5 mg/5 ml | G | | |
| protriptyline oral tablet 10 mg, 5 mg | G | | |
| PROVIGIL ORAL TABLET 100 MG, 200 MG | FE | | modafinil |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG | FE | | 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 | | estazolam, lorazepam |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | G | QL | |
| QUETIAPINE ORAL TABLET 150 MG | FE | | quetiapine fumarate |
| quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg | G | QL | |
| QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG | FE | | dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) | FE | | dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG | NPB | ST | doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er |
| ramelteon oral tablet 8 mg | G | | |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG | FE | | dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la |
| 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 | G | | |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | G | QL | |
| risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | G | QL | |
| RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG | FE | | methylphenidate er |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG | FE | | methylphenidate hcl |
| ROZEREM ORAL TABLET 8 MG | FE | | ramelteon |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | FE | | asenapine maleate |
| 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 | | quetiapine fumarate |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | FE | | quetiapine fumarate er |
| SERTRALINE ORAL CAPSULE 150 MG, 200 MG | FE | | sertraline hcl |
| sertraline oral concentrate 20 mg/ml | G | | |
| sertraline oral tablet 100 mg, 25 mg, 50 mg | G | QL | |
| SILENOR ORAL TABLET 3 MG, 6 MG | NPB | ST | doxepin hcl |
| SODIUM OXYBATE ORAL SOLUTION 500 MG/ML | S | ST; QL | LUMRYZ, SODIUM OXYBATE, XYWAV |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | FE | | 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 | | 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 | S | PA; LA | |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg | G | | lorazepam |
| thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg | G | | |
| tranlycypromine oral tablet 10 mg | G | | |
| trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg | G | | |
| triazolam oral tablet 0.125 mg, 0.25 mg | G | | |
| trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg | G | | |
| trimipramine oral capsule 100 mg, 25 mg, 50 mg | G | | |
| 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 | | diazepam |
| VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG | FE | | desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA |
| venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg | G | QL | |
| venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | G | QL | |
| venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 75 mg | FE | | venlafaxine ER capsules |
| venlafaxine oral tablet extended release 24hr 37.5 mg | FE | | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | NPB | | clozapine odt, clozapine |
| VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | FE | | vilazodone hcl |
| vilazodone oral tablet 10 mg, 20 mg, 40 mg | G | 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML | S | PA | |
| 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 | S | ST; LA | armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG | FE | | bupropion sr |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | FE | | bupropion xl |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | FE | | alprazolam |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG | FE | | 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 | | dextroamphetamine sulfate er, dextroamphetamine-amphet er, lisdexamfetamine dimesylate |
| XYREM ORAL SOLUTION 500 MG/ML | FE | | LUMRYZ, SODIUM OXYBATE, XYWAV |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | S | ST; QL | |
| zaleplon oral capsule 10 mg, 5 mg | G | | |
| zenzedi oral tablet 10 mg, 5 mg | G | | |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | NPB | | dextroamphetamine sulfate |
| ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg | G | QL | |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML | FE | | sertraline hcl |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG | FE | | sertraline hcl |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ZOLPIDEM ORAL CAPSULE 7.5 MG | FE | | eszopiclone, zaleplon, zolpidem tartrate |
| zolpidem oral tablet 10 mg, 5 mg | G | | |
| zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg | G | | |
| zolpidem sublingual tablet 1.75 mg, 3.5 mg | G | | |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML | S | | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG | S | QL | |
| 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 | G | | |
| 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 | G | | amiodarone hcl, quinidine sulfate, sotalol |
| dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg | G | | |
| flecainide oral tablet 100 mg, 150 mg, 50 mg | G | | |
| mexiletine oral capsule 150 mg, 200 mg, 250 mg | G | | |
| MULTAQ ORAL TABLET 400 MG | NPB | | amiodarone hcl, dofetilide, flecainide acetate, propafenone hcl, quinidine sulfate, sotalol |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG | FE | | amiodarone hcl, quinidine sulfate, sotalol |
| NORPACE ORAL CAPSULE 100 MG, 150 MG | FE | | amiodarone hcl, quinidine sulfate, sotalol |
| pacerone oral tablet 100 mg, 200 mg, 400 mg | G | | |
| propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg | G | | |
| propafenone oral tablet 150 mg, 225 mg, 300 mg | G | | |
| quinidine gluconate oral tablet extended release 324 mg | G | | |
| quinidine sulfate oral tablet 200 mg, 300 mg | G | | |
| sotalol af oral tablet 120 mg, 160 mg, 80 mg | G | | |
| sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg | G | | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | PB | | |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | FE | | 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 | G | PA | |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | NPB | | spironolactone |
| aliskiren oral tablet 150 mg, 300 mg | G | | |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG | NPB | | ramipril |
| amiloride oral tablet 5 mg | G | | |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| amlodipine oral tablet 10 mg, 2.5 mg, 5 mg | G | | |
| amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg | G | | |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg | G | | |
| amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg | G | | |
| amlodipine-valsartan-hcthiamid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg | G | | |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG | FE | | candesartan-hydrochlorothiazid |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | FE | | candesartan cilexetil |
| atenolol oral tablet 100 mg, 25 mg, 50 mg | G | | |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg | G | | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | FE | | irbesartan-hydrochlorothiazide |
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG | FE | | irbesartan |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG | FE | | amlodipine-olmesartan |
| benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg | G | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg | G | | |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | FE | | olmesartan-hydrochlorothiazide |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG | FE | | olmesartan medoxomil |
| betaxolol oral tablet 10 mg, 20 mg | G | | |
| BIDIL ORAL TABLET 20-37.5 MG | FE | | isosorbide dinit-hydralazine |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| bisoprolol fumarate oral tablet 10 mg, 5 mg | G | | |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg | G | | |
| bumetanide oral tablet 0.5 mg, 1 mg, 2 mg | G | | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | FE | | nebivolol hcl |
| candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg | G | | |
| candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg | G | | |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg | G | | |
| captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg | G | | |
| 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 |
| 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 | | spironolactone |
| cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg | G | | |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg | G | | |
| 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 | G | | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg | G | | |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG | FE | | clonidine hcl, clonidine hcl |
| clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr | G | QL | |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG | FE | | amlodipine besylate, felodipine er, nifedipine er, nisoldipine |
| CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG | FE | | |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG | NPB | | carvedilol er |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | FE | | carvedilol |
| CORGARD ORAL TABLET 20 MG, 40 MG | NPB | | nadolol |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG | FE | | losartan potassium |
| DEMSER ORAL CAPSULE 250 MG | NPB | | metyrosine |
| DIBENZYLINE ORAL CAPSULE 10 MG | NPB | | phenoxybenzamine hcl |
| diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg | G | | |
| diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg | G | | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | G | | |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg | G | | |
| EPANED ORAL SOLUTION 1 MG/ML | FE | | enalapril maleate |
| eplerenone oral tablet 25 mg, 50 mg | G | | |
| epoprostenol intravenous recon soln 0.5 mg, 1.5 mg | S | PA; ST; LA | |
| eprosartan oral tablet 600 mg | G | | |
| ethacrynic acid oral tablet 25 mg | G | | |
| 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 | | amlodipine-valsartan-hctz |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | FE | | amlodipine-valsartan |
| felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg | G | | |
| FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG | S | PA; ST; LA | |
| fosinopril oral tablet 10 mg, 20 mg, 40 mg | G | | |
| fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg | G | | |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML | FE | | bumetanide, furosemide, torsemide |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml) | G | | |
| furosemide oral tablet 20 mg, 40 mg, 80 mg | G | | |
| guanfacine oral tablet 1 mg, 2 mg | G | | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | FE | | propranolol hcl |
| hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg | G | | |
| hydrochlorothiazide oral capsule 12.5 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg | G | | |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG | FE | | losartan-hydrochlorothiazide |
| indapamide oral tablet 1.25 mg, 2.5 mg | G | | |
| INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG | FE | | propranolol hcl er |
| INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG | FE | | propranolol hcl er |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG | FE | | propranolol hcl er |
| INSPIRA ORAL TABLET 25 MG, 50 MG | NPB | | eplerenone |
| irbesartan oral tablet 150 mg, 300 mg, 75 mg | G | | |
| irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg | G | | |
| isosorbide-hydralazine oral tablet 20-37.5 mg | G | | |
| isradipine oral capsule 2.5 mg, 5 mg | G | | |
| KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG | FE | | metoprolol succinate |
| KATERZIA ORAL SUSPENSION 1 MG/ML | FE | | amlodipine besylate |
| KERENDIA ORAL TABLET 10 MG, 20 MG | PB | QL | |
| labetalol oral tablet 100 mg, 200 mg, 300 mg | G | | |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG | NPB | ST | furosemide |
| LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG | FE | | amlodipine besylate, felodipine er, nifedipine er, nisoldipine |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | G | | |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG | NPB | | metoprolol tartrate |
| losartan oral tablet 100 mg, 25 mg, 50 mg | G | | |
| losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg | G | | |
| 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 | | amlodipine besylate- benazepril |
| matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | G | | |
| methyldopa oral tablet 250 mg, 500 mg | G | | |
| methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg | G | | |
| metolazone oral tablet 10 mg, 2.5 mg, 5 mg | G | | |
| metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg | G | | |
| metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg | G | | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | G | | |
| metyrosine oral capsule 250 mg | G | | |
| MICARDIS HCT ORAL TABLET 40- 12.5 MG, 80-12.5 MG, 80-25 MG | FE | | telmisartan- hydrochlorothiazid |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG | FE | | telmisartan |
| minoxidil oral tablet 10 mg, 2.5 mg | G | | |
| moexipril oral tablet 15 mg, 7.5 mg | G | | |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | G | | |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG | FE | | clonidine hcl, clonidine hcl |
| nicardipine oral capsule 20 mg, 30 mg | G | | |
| nifedipine oral capsule 10 mg, 20 mg | G | | nicardipine hcl, isradipine |
| nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg | G | | |
| nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg | G | | |
| nimodipine oral capsule 30 mg | G | | |
| nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg | G | | |
| NORLIQVA ORAL SOLUTION 1 MG/ML | FE | | amlodipine besylate |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG | FE | | 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 | G | | |
| 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 | G | | |
| olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg | G | | |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42) | S | PA; QL; LA | UPTRAVI |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210) | S | PA; QL; LA | UPTRAVI |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | S | PA; QL; LA | UPTRAVI |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | S | PA; QL; LA | UPTRAVI |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg | G | | |
| phenoxybenzamine oral capsule 10 mg | G | | |
| pindolol oral tablet 10 mg, 5 mg | G | | |
| prazosin oral capsule 1 mg, 2 mg, 5 mg | G | | |
| 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 | G | | |
| propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) | G | | |
| propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | G | | |
| propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg | G | | |
| QBRELIS ORAL SOLUTION 1 MG/ML | FE | | lisinopril |
| quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg | G | | |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | G | | |
| ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg | G | | |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | S | PA; ST; LA | treprostinil |
| SOANZ ORAL TABLET 20 MG, 40 MG, 60 MG | FE | | bumetanide, furosemide, torsemide |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| spironolactone oral suspension 25 mg/5 ml | G | | |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg | G | | |
| spironolacton-hydrochlorothiaz oral tablet 25-25 mg | G | | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | NPB | ST | nisoldipine |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | FE | | aliskiren |
| telmisartan oral tablet 20 mg, 40 mg, 80 mg | G | | |
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg | G | | |
| telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg | G | | |
| TENORETIC 100 ORAL TABLET 100-25 MG | NPB | | atenolol w/chlorthalidone |
| 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 | G | QL | |
| THALITONE ORAL TABLET 15 MG | FE | | chlorthalidone |
| tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | G | | |
| 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 | G | | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG | FE | | metoprolol succinate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg | G | | |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg | G | | |
| trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | G | | |
| treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml | S | PA; ST; LA | |
| triamterene oral capsule 100 mg, 50 mg | G | | |
| triamterene-hydrochlorothiazid oral capsule 37.5-25 mg | G | | |
| triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg | G | | |
| 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 | | olmesartan-amlodipine-hctz |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | S | | |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | S | PA; QL; LA | |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | S | PA; QL; LA | |
| VALSARTAN ORAL SOLUTION 4 MG/ML | FE | | valsartan |
| valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg | G | | |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg | G | | |
| 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 | S | PA; ST; LA | |
| verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg | G | | |
| verapamil oral tablet 120 mg, 40 mg, 80 mg | G | | |
| verapamil oral tablet extended release 120 mg, 180 mg, 240 mg | G | | |
| 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-hetz |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG | NPB | | lisinopril |
| CARDIAC GLYCOSIDES | | | |
| digoxin oral solution 50 mcg/ml (0.05 mg/ml) | G | | |
| digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) | G | | |
| 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 | S | PA; ST; LA | |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT | S | PA; ST; LA | |
| ADZYNMA INTRAVENOUS KIT 1,500 UNIT, 500 UNIT | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | S | PA; ST; LA | |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML | S | PA; LA | |
| ALPHANATE INTRAVENOUS RECON SOLN 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML | S | PA; ST; LA | |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | S | PA; LA | |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT | S | PA; LA | |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT | S | PA; LA | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | FE | | NPLATE, PROMACTA |
| 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 %) | G | | |
| aminocaproic acid oral tablet 1,000 mg, 500 mg | G | | |
| 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 | S | | fondaparinux sodium |
| aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG | FE | | 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 | S | PA; LA | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | PB | | |
| CABLIVI INJECTION KIT 11 MG | S | PA | |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT | S | PA; LA | |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT | S | PA; LA | |
| cilostazol oral tablet 100 mg, 50 mg | G | | |
| clopidogrel oral tablet 300 mg, 75 mg | G | | |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | S | LA | |
| dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg | G | PA | |
| dipyridamole oral tablet 25 mg, 50 mg, 75 mg | G | | |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | S | 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 | S | PA; ST; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| enoxaparin subcutaneous solution 300 mg/3 ml | S | | |
| 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 | S | | |
| ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | FE | | |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | S | PA; ST; LA | |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT | S | PA; LA | |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) | S | 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 | S | | |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML | S | | |
| 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 | S | | |
| HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML | S | PA; LA | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML | S | PA; LA | |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT | S | PA; ST; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT | S | PA; ST; LA | |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT | S | PA; ST; LA | |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT | S | PA; ST; LA | |
| hep flush-10 (pf) intravenous solution 10 unit/ml | G | | |
| 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) | G | | |
| heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml | G | | |
| HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML) | NPB | | |
| heparin (porcine) injection cartridge 5,000 unit/ml (1 ml) | G | | |
| heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml | G | | |
| heparin (porcine) injection syringe 5,000 unit/ml | G | | |
| heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml | G | | |
| heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | G | | |
| heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml | G | | |
| heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml | G | | |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML | NPB | | |
| heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml) | G | | |
| heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml | G | | |
| 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 | S | PA; ST; LA | |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT | S | PA; LA | |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | FE | | BENEFIX |
| jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | G | | |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | S | PA; ST; LA | |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | S | PA; ST; LA | ALPHANATE, HEMOFIL- M, HUMATE-P, WILATE |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | S | PA | |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | S | PA; ST; LA | |
| LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML | FE | | 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 | | enoxaparin sodium |
| MULPLETA ORAL TABLET 3 MG | FE | | DOPTELET |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | S | 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 | | SEVENFACT |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | S | 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 | | ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE | S | | |
| pentoxifylline oral tablet extended release 400 mg | G | | |
| PLAVIX ORAL TABLET 75 MG | FE | | clopidogrel |
| PRADAXA ORAL CAPSULE 110 MG | FE | | dabigatran etexilate, ELIQUIS, XARELTO |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| PRADAXA ORAL CAPSULE 150 MG, 75 MG | FE | | dabigatran etexilate |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | FE | | dabigatran etexilate, XARELTO |
| prasugrel oral tablet 10 mg, 5 mg | G | | |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | S | PA; LA | |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG | S | PA; LA | |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | S | PA; LA | |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | FE | | ALPROLIX, IDELVION |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | FE | | ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE |
| RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) | S | PA; LA | |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT | FE | | BENEFIX |
| ROCTAVIAN INTRAVENOUS SUSPENSION 2 X 10EXP13 VG/ML | S | PA; LA | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | FE | | dabigatran etexilate, ELIQUIS, XARELTO |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) | S | PA; LA | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | S | 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 | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT | S | PA; ST; LA | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | PB | | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | PB | | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | PB | | |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT | S | PA; ST; LA | |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | S | PA; ST; LA | |
| YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG | FE | | 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 | | atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| 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 | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | FE | | atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| atorvastatin oral tablet 10 mg, 20 mg | G | QL; ACA | |
| atorvastatin oral tablet 40 mg, 80 mg | G | 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 | G | | |
| cholestyramine (with sugar) oral powder in packet 4 gram | G | | |
| cholestyramine light oral powder 4 gram | G | | |
| cholestyramine light oral powder in packet 4 gram | G | | |
| colesevelam oral powder in packet 3.75 gram | G | | |
| colesevelam oral tablet 625 mg | G | | |
| COLESTID ORAL GRANULES 5 GRAM | NPB | | colestipol hcl |
| COLESTID ORAL TABLET 1 GRAM | NPB | | colestipol hcl |
| colestipol oral granules 5 gram | G | | |
| colestipol oral packet 5 gram | G | | |
| colestipol oral tablet 1 gram | G | | |
| CRESTOR ORAL TABLET 40 MG | FE | | rosuvastatin calcium |
| EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML | S | | |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | FE | | atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| ezetimibe oral tablet 10 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG | FE | | ezetimibe, atorvastatin calcium, rosuvastatin calcium |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | G | QL | |
| fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | G | | |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG | FE | | fenofibrate, fenofibric acid |
| fenofibrate nanocrystallized oral tablet 145 mg, 48 mg | G | | |
| FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG | FE | | fenofibrate, fenofibric acid |
| fenofibrate oral tablet 120 mg | FE | | fenofibrate alternatives: fenofibrate (Tricor, Lofibra, generics), fenofibric acid (Trilipix, Fibricor, generics) |
| fenofibrate oral tablet 160 mg, 54 mg | G | | |
| fenofibrate oral tablet 40 mg | G | ST | |
| fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg | G | | |
| fenofibric acid oral tablet 105 mg, 35 mg | G | | |
| 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, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| fluvastatin oral capsule 20 mg, 40 mg | G | QL; ACA | |
| fluvastatin oral tablet extended release 24 hr 80 mg | G | QL; ACA | |
| gemfibrozil oral tablet 600 mg | G | | |
| icosapent ethyl oral capsule 0.5 gram, 1 gram | G | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | S | PA; LA | |
| LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML | FE | | REPATHA SURECLICK |
| 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 | | atorvastatin calcium |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | FE | | fenofibrate, fenofibric acid |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | NPB | ST; QL | pitavastatin calcium |
| LOPID ORAL TABLET 600 MG | NPB | | gemfibrozil |
| lovastatin oral tablet 10 mg, 20 mg, 40 mg | G | QL; ACA | |
| LOVAZA ORAL CAPSULE 1 GRAM | FE | | 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 | | OTC niacin-containing products |
| niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg | G | | |
| NIACOR ORAL TABLET 500 MG | FE | | OTC niacin-containing products |
| omega-3 acid ethyl esters oral capsule 1 gram | G | PA | |
| pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg | G | QL; ACA | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | FE | | REPATHA SURECLICK |
| pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg | G | QL; ACA | |
| prevalite oral powder 4 gram | G | | |
| prevalite oral powder in packet 4 gram | G | | |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM | NPB | | cholestyramine light |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| QUESTRAN ORAL POWDER 4 GRAM | NPB | | cholestyramine |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM | NPB | | cholestyramine |
| 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 | G | QL; ACA | |
| rosuvastatin oral tablet 20 mg, 40 mg | G | 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 | G | QL; ACA | |
| simvastatin oral tablet 80 mg | G | QL | |
| TRICOR ORAL TABLET 145 MG, 48 MG | FE | | 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 | | ezetimibe-simvastatin |
| VYTORIN 10-20 ORAL TABLET 10-20 MG | FE | | ezetimibe-simvastatin |
| VYTORIN 10-40 ORAL TABLET 10-40 MG | FE | | ezetimibe-simvastatin |
| VYTORIN 10-80 ORAL TABLET 10-80 MG | FE | | ezetimibe-simvastatin |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | FE | | colesevelam hcl |
| WELCHOL ORAL TABLET 625 MG | FE | | colesevelam hcl |
| ZETIA ORAL TABLET 10 MG | FE | | ezetimibe |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | FE | | simvastatin |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | NPB | ST; QL | atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | | |
| ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG | FE | | ranolazine er |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | S | PA; QL; LA | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | FE | | atenolol, bisoprolol fumarate, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol hcl |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | FE | | 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 | | benazepril hcl, candesartan cilexetil, irbesartan, lisinopril, losartan potassium, ramipril, valsartan |
| LODOCO ORAL TABLET 0.5 MG | FE | | colchicine |
| ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg | G | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | PB | QL | |
| VYNDAMAX ORAL CAPSULE 61 MG | S | PA; LA | |
| VYNDAQEL ORAL CAPSULE 20 MG | S | PA; LA | |
| NITRATES | | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG | NPB | | nitroglycerin, nitroglycerin |
| ISORDIL ORAL TABLET 40 MG | NPB | | isosorbide dinitrate |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | NPB | | isosorbide dinitrate |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg | G | | |
| isosorbide mononitrate oral tablet 10 mg, 20 mg | G | | |
| isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg | G | | |
| nitro-bid transdermal ointment 2 % | G | | |
| 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 | G | | |
| nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | G | | |
| nitroglycerin translingual spray,non- aerosol 400 mcg/spray | G | | |
| 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 | G | | |

DERMATOLOGICALS/TOPI CAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

| | | | |
|---|---|----|--|
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg | G | PA | |
|---|---|----|--|

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % | NPB | ST | hc pramoxine, pramoxine hcl w/hydrocortisone |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML | FE | | SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMIFYA |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML | FE | | SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMIFYA |
| calcipotriene scalp solution 0.005 % | G | QL | |
| calcipotriene topical cream 0.005 % | G | QL | |
| CALCIPOTRIENE TOPICAL FOAM 0.005 % | FE | | calcipotriene, calcitriol |
| calcipotriene topical ointment 0.005 % | G | QL | |
| calcipotriene-betamethasone topical ointment 0.005-0.064 % | G | QL | |
| calcipotriene-betamethasone topical suspension 0.005-0.064 % | G | ST; QL | |
| calcitriol topical ointment 3 mcg/gram | G | | |
| CALSODORE KIT TOPICAL KIT 0.005-5 % | FE | | |
| calsodore topical kit 0.005 % | FE | | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | FE | | TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | FE | | TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | FE | | TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | FE | | TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | FE | | TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) | FE | | TALTZ AUTOINJECTOR, ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % | FE | | |
| DIOOXIA TOPICAL CREAM 0.005-4 % | FE | | |
| drithocrema hp topical cream 1 % | FE | | |
| 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 | | |
| hydrocortisone-pramoxine topical cream 2.5-1 % | G | ST | |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | FE | | ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | | sodium sulfacetamide |
| 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 % | G | | |
| selenium sulfide topical shampoo 2.25 %, 2.3 % | G | | |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML | FE | | ENBREL, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | S | PA; QL; LA | |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | S | PA; QL; LA | |
| SORILUX TOPICAL FOAM 0.005 % | FE | | calcipotriene, calcitriol |
| SOTYKTU ORAL TABLET 6 MG | S | ST; QL; LA | |
| SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML | S | PA; LA | |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML | S | PA; LA | |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | S | PA; LA | ENTYVIO |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | S | PA; QL; LA | |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | S | PA; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| sulfacetamide sodium topical cleanser 10 % | G | | |
| sulfacetamide sodium topical cleanser, gel 10 % | G | | |
| sulfacetamide sodium topical shampoo 10 %, 9.8 % | G | | |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % | NPB | QL | calcipotriene-betamethasone |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | S | PA; QL; LA | |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | S | PA; QL; LA | |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | S | PA; QL; LA | |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | S | PA; QL; LA | |
| TERSI FOAM TOPICAL FOAM 2.25 % | NPB | | selenium sulfide |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | S | PA; QL; LA | |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | S | PA; QL; LA | |
| TRIONEX TOPICAL KIT 0.005 % | FE | | |
| 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 | | |

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| 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 |
| ZORYVE TOPICAL FOAM 0.3 % | NPB | 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 % | G | | |
| ssd topical cream 1 % | G | | |
| KERATOLYTICS | | | |
| KERALYT RX TOPICAL GEL 6 % | FE | | salicylic acid |
| KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % | FE | | salicylic acid |
| KERALYT SCALP TOPICAL GEL 6 % | FE | | salicylic acid |
| keralyt topical shampoo 6 % | FE | | |
| NENDRUX TOPICAL GEL 40-5 % | FE | | |
| PODOCON TOPICAL LIQUID 25 % | FE | | podofilox |
| RAYASAL TOPICAL CREAM 5.9 % | FE | | |
| SALICATE TOPICAL LIQUID 10 % | FE | | |
| salicylic acid topical cream 6 % | FE | | |
| salicylic acid topical cream,extended release 6 % | FE | | |
| salicylic acid topical film forming liquid w/appl 27.5 % | FE | | |
| salicylic acid topical film-forming soln er w/ appl 28.5 % | FE | | |
| salicylic acid topical foam 6 % | FE | | |
| salicylic acid topical gel 6 % | FE | | |
| salicylic acid topical liquid 26 % | FE | | |
| salicylic acid topical lotion 6 % | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| salicylic acid topical lotion,extended release 6 % | FE | | |
| salicylic acid topical ointment 3 % | FE | | |
| salicylic acid topical shampoo 6 % | FE | | |
| salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 % | FE | | |
| SALIMEZ FORTE TOPICAL CREAM 10 % | FE | | |
| salimez topical cream 6 % | FE | | |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 % | FE | | salicylic acid |
| salvax topical foam 6 % | FE | | |
| salycim topical cream 6 % | FE | | |
| salynta topical gel 6 % | FE | | |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % | FE | | |
| VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % | FE | | salicylic acid |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % | FE | | |
| MISCELLANEOUS DERMATOLOGICALS | | | |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | S | PA; QL; LA | |
| AMELUZ TOPICAL GEL 10 % | NPB | | |
| ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL | FE | | avo, prumyx, sonafine |
| ATRAPRO HYDROGEL TOPICAL GEL | FE | | |
| avo cream topical emulsion | FE | | |
| BIAFINE EMULSION TOPICAL EMULSION | FE | | avo, prumyx, sonafine |
| CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 % | NPB | | |
| CARAC TOPICAL CREAM 0.5 % | FE | | diclofenac sodium, fluorouracil, fluorouracil, imiquimod |
| celacyn topical gel with pump | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| cem-urea topical gel 45 % | FE | | |
| CERACADE TOPICAL EMULSION | FE | | |
| CERAMAX TOPICAL CREAM | FE | | |
| CERAMAX TOPICAL LOTION | FE | | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | S | PA; QL; LA | |
| CONDYLOX TOPICAL GEL 0.5 % | FE | | podofilox |
| CORTANE-B TOPICAL LOTION 1-1- 0.1 % | NPB | | hc pramoxine |
| DEXERYL TOPICAL CREAM | FE | | |
| diclofenac sodium topical gel 3 % | G | PA; QL | |
| doxepin topical cream 5 % | G | ST; QL | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | FE | | BROMI-LOTION |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | S | PA; QL; LA | |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | S | PA; QL; LA | |
| EFUDEX TOPICAL CREAM 5 % | NPB | | fluorouracil |
| ELIDEL TOPICAL CREAM 1 % | FE | | pimecrolimus |
| emulsion sb topical emulsion | FE | | |
| ENTTY TOPICAL SPRAY, NON- AEROSOL | FE | | |
| EPICERAM TOPICAL EMULSION, EXTENDED RELEASE | FE | | emulsion sb |
| EUCRISA TOPICAL OINTMENT 2 % | PB | ST; QL | |
| FLUOROPLEX TOPICAL CREAM 1 % | NPB | | diclofenac sodium, fluorouracil, fluorouracil, imiquimod |
| FLUOROURACIL TOPICAL CREAM 0.5 % | FE | | diclofenac sodium, fluorouracil, fluorouracil, imiquimod |
| fluorouracil topical cream 5 % | G | | |
| fluorouracil topical solution 2 %, 5 % | G | | |
| HALUCORT TOPICAL GEL | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| HAPRODERM TOPICAL GEL | FE | | |
| hpr plus hydrogel topical kit,cream and gel | FE | | |
| hpr plus topical cream | FE | | |
| hpr plus topical foam | FE | | |
| HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 % | FE | | |
| hpr topical foam | FE | | |
| HYDRO 35 TOPICAL FOAM 35 % | FE | | urea |
| HYDRO 40 TOPICAL FOAM 40 % | FE | | urea |
| HYFTOR TOPICAL GEL 0.2 % | S | PA | |
| HYLATOPICPLUS TOPICAL CREAM | FE | | hpr plus |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % | NPB | | |
| IODOSORB TOPICAL GEL 0.9 % | NPB | | |
| KERASTAT TOPICAL CREAM | FE | | |
| KERASTAT TOPICAL GEL 5 % | FE | | |
| LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL | FE | | |
| LEVICYN ANTIPRURITIC TOPICAL GEL | FE | | |
| LEVULAN TOPICAL SOLUTION 20 % | NPB | | |
| LOUTREX TOPICAL CREAM | FE | | ciclopirox, ketoconazole |
| LOYON TOPICAL SPRAY,NON- AEROSOL | FE | | |
| LUXAMEND TOPICAL CREAM | FE | | |
| mb hydrogel (cyclomethicone) topical kit,cream and gel | FE | | |
| mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 % | FE | | |
| METDRAY TOPICAL GEL 17-2 % | FE | | |
| methoxsalen oral capsule,liqd- filled,rapid rel 10 mg | G | | |
| methyl salicylate oil | G | | |
| methyl salicylate topical liquid | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| MIMYX TOPICAL CREAM | FE | | |
| NEOSALUS TOPICAL CREAM | FE | | prumyx |
| NEOSALUS TOPICAL FOAM | FE | | prumyx |
| NEOSALUS TOPICAL LOTION | FE | | prumyx |
| NUJU TOPICAL SOLUTION 0.1 % | FE | | |
| NUJU TOPICAL CREAM 0.1 % | FE | | |
| NUTRASEB TOPICAL CREAM | FE | | |
| 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 | | |
| OXIANUJO TOPICAL OINTMENT 0.1-4 % | FE | | |
| PANRETIN TOPICAL GEL 0.1 % | NPB | | |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % | FE | | |
| pimecrolimus topical cream 1 % | G | ST; QL | |
| podofilox topical gel 0.5 % | G | QL | |
| podofilox topical solution 0.5 % | G | | |
| PRESERA TOPICAL FOAM | FE | | hpr |
| PROMISEB TOPICAL CREAM | FE | | selenium sulfide, sodium sulfacetamide |
| PRONAL TOPICAL GEL 10-40 % | FE | | |
| pruclair topical cream | FE | | |
| prudoxin topical cream 5 % | G | ST; QL | |
| prumyx topical cream | FE | | |
| QBREXZA TOPICAL TOWELETTE 2.4 % | FE | | BROMI-LOTION |
| QUTENZA TOPICAL KIT 8 % | FE | | lidocaine |
| REGRANEX TOPICAL GEL 0.01 % | PB | QL | |
| RYNODERM TOPICAL CREAM 37.5 % | FE | | |
| SCENESSE SUBCUTANEOUS IMPLANT 16 MG | S | PA | |
| SEBUDERM TOPICAL GEL | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| silver nitrate applicators topical stick 75-25 % | FE | | |
| silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 % | FE | | |
| SOLOX GEL TOPICAL GEL 55 PPM | FE | | |
| sonafine topical emulsion | FE | | |
| tacrolimus topical ointment 0.03 %, 0.1 % | G | ST; QL | |
| TOLAK TOPICAL CREAM 4 % | NPB | | diclofenac sodium, fluorouracil, fluorouracil, imiquimod |
| URAMAXIN TOPICAL FOAM 20 % | FE | | urea |
| URAMAXIN TOPICAL GEL 45 % | FE | | urea |
| urea nail stick topical solution 50 % | FE | | |
| urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 % | FE | | |
| UREA TOPICAL CREAM 39.5 % | FE | | |
| urea topical foam 35 % | FE | | |
| urea topical gel 45 % | FE | | |
| ure-k topical cream 50 % | FE | | |
| UVADEX INJECTION SOLUTION 20 MCG/ML | PB | | |
| VALCHLOR TOPICAL GEL 0.016 % | S | PA; LA | |
| VEREGEN TOPICAL OINTMENT 15 % | FE | | imiquimod, podofilox |
| VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML | S | PA | |
| wintergreen oil oil | G | | |
| XCLAIR TOPICAL CREAM | FE | | emulsion sb |
| XUREA TOPICAL CREAM 39 % | FE | | |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % | S | PA; LA | |
| ZONALON TOPICAL CREAM 5 % | NPB | ST; QL | pradoxin |
| THERAPY FOR ACNE | | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG | FE | | acutane, amnesteem, claravis, isotretinoin, myorisan, zenatane |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| 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 | | clindamycin-benzoyl peroxide |
| acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | G | | |
| ACIOXIAY TOPICAL CREAM 15-4 % | FE | | |
| 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 | | |
| ADAINZOXIA TOPICAL GEL 0.3-2.5- 4 % | FE | | |
| adapalene topical cream 0.1 % | G | | |
| adapalene topical gel 0.3 % | G | | |
| adapalene topical gel with pump 0.3 % | G | | |
| ADAPALENE TOPICAL LOTION 0.1 % | NPB | ST | adapalene, adapalene |
| adapalene topical solution 0.1 % | G | | |
| adapalene topical swab 0.1 % | G | ST | |
| adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 % | G | | |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 % | FE | | |
| 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 | G | | |
| AMZEEQ TOPICAL FOAM 4 % | NPB | ST | clindacin etz, clindamycin phosphate, ery, erythromycin, clindamycin phos-tretinoin, clindamycin-benzoyl peroxide, erythromycin- benzoyl peroxide |

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|--|------------------|------------------------------|--|
| ARAZLO TOPICAL LOTION 0.045 % | NPB | PA | adapalene, tazarotene, tretinoin, tretinoin microsphere |
| ATRALIN TOPICAL GEL 0.05 % | FE | | tretinoin |
| AVAR LS TOPICAL CLEANSER 10-2 % | NPB | ST | sulfacetamide sodium-sulfur |
| avar topical cleanser 10-5 % (w/w) | G | | |
| 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 | | |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % | FE | | |
| azelaic acid topical gel 15 % | G | | |
| 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 % | G | | |
| benzoyl peroxide topical cleanser 7 % | G | | |
| benzoyl peroxide topical foam 9.8 % | G | | |
| bp 10-1 topical cleanser 10-1 % | G | ST | |
| brimonidine topical gel with pump 0.33 % | G | PA | |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 % | FE | | adapalene, adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phosphate, clindamycin-benzoyl peroxide, tretinoin, tretinoin microsphere |
| claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg | G | | |
| cleansing wash topical cleanser 10-4-10 % | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % | FE | | 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 % | G | | |
| clindacin p topical swab 1 % | G | | |
| CLINDACIN PAC TOPICAL KIT 1 % | NPB | ST | clindamycin phosphate, clindacin etz |
| clindacin topical foam 1 % | G | QL | |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % | FE | | clindamycin phosphate |
| clindamycin phosphate topical foam 1 % | G | QL | |
| clindamycin phosphate topical gel 1 % | G | QL | |
| clindamycin phosphate topical gel, once daily 1 % | G | ST; QL | |
| clindamycin phosphate topical lotion 1 % | G | QL | |
| clindamycin phosphate topical solution 1 % | G | QL | |
| clindamycin phosphate topical swab 1 % | G | | |
| clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 % | G | | |
| clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 % | G | ST | |
| clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 % | G | | |
| clindamycin-tretinoin topical gel 1.2- 0.025 % | G | | |
| dapsone topical gel 5 % | G | | |
| dapsone topical gel with pump 7.5 % | G | ST | |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % | FE | | |
| DAZOMON TOPICAL GEL 0.25 % | FE | | |
| DEOXIA TOPICAL GEL 1-4 % | FE | | |
| DEOXIA TOPICAL LOTION 1-4 % | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % | FE | | |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % | FE | | |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 % | FE | | |
| DIADIMAXIA TOPICAL CREAM 6-5- 2 % | FE | | |
| DIADIMAXIA TOPICAL GEL 6-5-2 % | FE | | |
| DIAOXIA TOPICAL CREAM 6-4 % | FE | | |
| DIAOXIA TOPICAL GEL 6-4 % | FE | | |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % | FE | | |
| DIASAXIATAR TOPICAL GEL 0.025- 8.5-2 % | FE | | |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % | FE | | |
| DIASDIMAXIA TOPICAL GEL 8.5-5- 2 % | FE | | |
| DIASOXIA TOPICAL CREAM 8.5-4 % | FE | | |
| DIASOXIA TOPICAL GEL 8.5-4 % | FE | | |
| 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 | | |
| DRAXACE TOPICAL SUSPENSION 2-8 % | FE | | |
| DRAXACEY TOPICAL SUSPENSION 2-8 % | FE | | |
| DRIXECE TOPICAL SUSPENSION 5- 10 % | FE | | |
| ECEOXIA TOPICAL CREAM 10-4 % | FE | | |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ery pads topical swab 2 % | G | | |
| erygel topical gel 2 % | G | | |
| erythromycin with ethanol topical gel 2 % | G | | |
| erythromycin with ethanol topical solution 2 % | G | | |
| erythromycin-benzoyl peroxide topical gel 3-5 % | G | | |
| ETHOXIA TOPICAL CREAM 0.05-4 % | FE | | |
| EVOCLIN TOPICAL FOAM 1 % | NPB | ST; QL | clindamycin phosphate |
| FABIOR TOPICAL FOAM 0.1 % | FE | | tazarotene, tretinoin |
| FINACEA TOPICAL FOAM 15 % | PB | ST | |
| IDARAN TOPICAL OINTMENT 1-2 % | FE | | |
| IDYYXIATAR TOPICAL GEL 0.025-5 % | FE | | |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % | FE | | |
| INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 % | FE | | |
| INZDEOXIA TOPICAL GEL 2.5-1-4 % | FE | | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | G | | |
| isotretinoin oral capsule 25 mg, 35 mg | G | ST | |
| ITHOXIA TOPICAL CREAM 0.1-4 % | FE | | |
| ivermectin topical cream 1 % | G | ST; QL | |
| METROCREAM TOPICAL CREAM 0.75 % | NPB | ST | metronidazole |
| METROGEL TOPICAL GEL 1 % | NPB | ST | metronidazole |
| metronidazole topical cream 0.75 % | G | | |
| metronidazole topical gel 0.75 %, 1 % | G | | |
| metronidazole topical gel with pump 1 % | G | | |
| metronidazole topical lotion 0.75 % | G | | |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % | PB | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % | NPB | ST | |
| neuac topical gel 1.2 %(1 % base) -5 % | G | | |
| NORITATE TOPICAL CREAM 1 % | FE | | metronidazole |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % | NPB | ST | clindamycin-benzoyl peroxide |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % | FE | | |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % | FE | | |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % | FE | | |
| ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % | FE | | |
| ONZDEAXIAZAR TOPICAL GEL 0.1- 5-1-2 % | FE | | |
| ONZDEOXIA TOPICAL GEL 5-1-4 % | FE | | |
| OXIAICE TOPICAL LOTION 15-4 % | FE | | |
| OXIATAR TOPICAL CREAM 0.025- 0.5-4 % | FE | | |
| OXIAVAR TOPICAL CREAM 0.05-4 % | FE | | |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % | FE | | |
| OXIAVARY TOPICAL CREAM 0.1-4 % | FE | | |
| OXIAZAR TOPICAL CREAM 0.1-0.5- 4 % | FE | | |
| PACNEX TOPICAL CLEANSER 7 % | NPB | ST | benzoyl peroxide |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % | NPB | ST | sodium sulfacetamide/sulfur |
| PLEXION TOPICAL CLEANSER 9.8- 4.8 % | NPB | ST | sodium sulfacetamide/sulfur |
| PLEXION TOPICAL CREAM 9.8-4.8 % | NPB | ST | sodium sulfacetamide/sulfur |
| PLEXION TOPICAL LOTION 9.8-4.8 % | NPB | ST | sodium sulfacetamide/sulfur |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % | NPB | ST | |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % | FE | | 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 | | tretinoin microsphere |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % | NPB | | tretinoin |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % | NPB | | tretinoin |
| RHOFADE TOPICAL CREAM 1 % | NPB | PA | brimonidine tartrate |
| rosadan topical cream 0.75 % | G | | |
| rosadan topical gel 0.75 % | G | | |
| 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 % | G | | |
| ROSULA TOPICAL CLEANSER 10-4.5 % | NPB | ST | |
| SAROXIA TOPICAL CREAM 0.05-4 % | FE | | |
| SOOLANTRA TOPICAL CREAM 1 % | NPB | ST; QL | ivermectin |
| sss 10-5 topical cream 10-5 % (w/w) | G | | |
| sss 10-5 topical foam 10-5 % | G | | |
| sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 % | G | | |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 % | FE | | sulfacetamide sodium-sulfur |
| sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 % | G | | |
| sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 % | G | | |
| sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 % | G | | |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 % | FE | | sulfacetamide sodium-sulfur |
| sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 % | FE | | |
| sulfacleanse 8-4 topical suspension 8-4 % | G | ST | |
| 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 | sodium sulfacetamide/sulfur |
| SUMAXIN TOPICAL PADS, MEDICATED 10-4 % | NPB | ST | sodium sulfacetamide/sulfur |
| SUMAXIN TS TOPICAL SUSPENSION 8-4 % | NPB | ST | sodium sulfacetamide/sulfur |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 % | FE | | |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 % | FE | | |
| TAROXIA TOPICAL CREAM 0.025-4 % | FE | | |
| TAROXIA TOPICAL GEL 0.025-4 % | FE | | |
| tazarotene topical cream 0.1 % | G | PA | |
| TAZAROTENE TOPICAL FOAM 0.1 % | FE | | tazarotene, tretinoin |
| tazarotene topical gel 0.05 %, 0.1 % | G | PA | |
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 % | FE | | tazarotene |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | FE | | tazarotene |
| tretinoin microspheres topical gel 0.04 %, 0.1 % | G | | |
| tretinoin microspheres topical gel with pump 0.04 %, 0.1 % | G | | |
| tretinoin microspheres topical gel with pump 0.08 % | G | ST | |
| tretinoin topical cream 0.025 %, 0.05 %, 0.1 % | G | | |
| tretinoin topical gel 0.01 %, 0.025 %, 0.05 % | G | | |
| 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 | | |
| VAROXIA TOPICAL CREAM 0.05-4 % | FE | | |
| VAROXIA TOPICAL GEL 0.05-4 % | FE | | |
| VELTIN TOPICAL GEL 1.2-0.025 % | FE | | clindamycin-benzoyl peroxide, clindamycin phos-tretinoin, clindamycin phosphate, tretinoin |
| WINLEVI TOPICAL CREAM 1 % | FE | | azelaic acid, clindamycin phosphate, clindamycin-benzoyl peroxide, clindamycin phos-tretinoin, dapsone, erythromycin, tretinoin |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | G | | |
| ZIANA TOPICAL GEL 1.2-0.025 % | NPB | ST | clindamycin phos-tretinoin |
| ZILXI TOPICAL FOAM 1.5 % | FE | | azelaic acid, ivermectin, metronidazole, rosula, FINACEA |
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % | FE | | sulfacetamide sodium-sulfur |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|--|
| TOPICAL ANESTHETICS | | | |
| AGONEAZE TOPICAL KIT 2.5-2.5 % | FE | | |
| ANASTIA TOPICAL LOTION 2.75 % | FE | | |
| ANODYNE LPT TOPICAL KIT 2.5-2.5 % | FE | | |
| APRIZIO PAK TOPICAL KIT 2.5-2.5 % | FE | | |
| ASTERO TOPICAL GEL WITH PUMP 4 % | FE | | |
| COCAINE NASAL SOLUTION 4 % | NPB | | |
| dermacinrx lidocan topical adhesive patch,medicated 5 % | G | PA | |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 % | FE | | |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 % | FE | | |
| dermacinrx prizopak topical kit 2.5-2.5 % | FE | | |
| DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 % | FE | | |
| emreal topical kit 2.5-2.5 % | FE | | |
| ethyl chloride topical aerosol,spray 100 % | FE | | |
| GOPRELTO NASAL SOLUTION 4 % | NPB | | |
| LDO PLUS TOPICAL GEL WITH PUMP 4 % | FE | | |
| lidocaine hcl laryngotracheal solution 4 % | G | | |
| lidocaine hcl mucous membrane solution 4 % (40 mg/ml) | G | | |
| lidocaine hcl topical cream 3 % | FE | | |
| lidocaine hcl-hydrocortison ac topical cream 3-0.5 % | G | | |
| lidocaine topical adhesive patch,medicated 5 % | G | PA | |
| lidocaine topical ointment 5 % | G | QL | |
| lidocaine viscous mucous membrane solution 2 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| lidocaine-prilocaine topical cream 2.5-2.5 % | G | QL | |
| lidocaine-prilocaine topical kit 2.5-2.5 % | G | | |
| LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 % | FE | | |
| lidocan iii topical adhesive patch,medicated 5 % | G | PA | |
| lidocan iv topical adhesive patch,medicated 5 % | G | PA | |
| lidocan v topical adhesive patch,medicated 5 % | G | PA | |
| lidocort topical cream 3-0.5 % | G | | |
| LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % | FE | | lidocaine |
| lido-k topical lotion 3 % | FE | | |
| LIDOLITE TOPICAL KIT 5 % | FE | | |
| lidopin topical cream 3 % | FE | | |
| LIDOPIN TOPICAL CREAM 3.25 % | FE | | |
| LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 % | FE | | lidocaine-prilocaine |
| LIDORX TOPICAL GEL WITH PUMP 3 % | FE | | lidocaine hcl |
| LIDOSOL TOPICAL KIT 5 % | FE | | |
| lido-sorb topical lotion 3 % | FE | | |
| lidotor topical kit 2.5-2.5 % | FE | | |
| LIDOTRAL TOPICAL CREAM 3.88 % | FE | | |
| lidozion topical lotion 3 % | FE | | |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % | FE | | |
| LIVIXIL PAK TOPICAL KIT 2.5-2.5 % | FE | | lidocaine-prilocaine, lidocaine hcl |
| MOXICAINE TOPICAL KIT 5 % | FE | | |
| NUMBONEX TOPICAL LOTION 2.75 % | FE | | |
| NYNUTEY TOPICAL CREAM 23-7 % | NPB | | |
| PLIAGLIS TOPICAL CREAM 7-7 % | FE | | lidocaine-prilocaine, lidocaine hcl |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|----------------------------------|
| PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % | FE | | |
| priloheal plus 30 topical kit 2.5-2.5 % | FE | | |
| PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 % | FE | | |
| PRILOVIX TOPICAL KIT 2.5-2.5 % | FE | | |
| PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 % | FE | | |
| REALHEAL-I TOPICAL KIT 2.5-2.5 % | FE | | |
| SKYADERM-LP TOPICAL KIT 2.5-2.5 % | FE | | |
| TRANZAREL TOPICAL GEL 4 % | FE | | |
| valladerm-90 topical kit 2.5-2.5 % | FE | | |
| ZILOVAL TOPICAL KIT 5 % | FE | | |
| zionodil topical lotion 3 % | FE | | |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % | PB | PA | |

TOPICAL ANTIBACTERIALS

| | | | |
|--|-----|--------|---|
| ALCORTIN A TOPICAL GEL 2-1-1 % | FE | | hydrocortisone, betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin, triamcinolone |
| ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 % | FE | | hydrocortisone, betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin, triamcinolone |
| ALTABAX TOPICAL OINTMENT 1 % | NPB | ST; QL | mupirocin, mupirocin |
| BASADROX TOPICAL GEL IN PACKET | FE | | |
| CENTANY AT TOPICAL OINTMENT KIT 2 % | NPB | ST; QL | mupirocin, mupirocin |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| CENTANY TOPICAL OINTMENT 2 % | NPB | ST; QL | mupirocin, mupirocin |
| corti-sav topical cream 1-1 % | FE | | |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 % | FE | | |
| gentamicin topical cream 0.1 % | G | QL | |
| gentamicin topical ointment 0.1 % | G | QL | |
| hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 % | FE | | hydrocortisone, betamethasone dipropionate, clobetasol propionate, fluocinolone acetonide, fluocinonide, mometasone furoate, mupirocin, triamcinolone |
| hydrocortisone-iodoquinol topical cream 1-1 % | FE | | |
| hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 % | FE | | |
| KLARON TOPICAL SUSPENSION 10 % | NPB | ST | sulfacetamide sodium |
| lugols topical solution 5-10 % | G | | |
| mafenide acetate topical packet 50 gram | G | | |
| mupirocin calcium topical cream 2 % | G | ST; QL | |
| mupirocin topical ointment 2 % | G | QL | |
| NANRAN TOPICAL OINTMENT 2-2 % | FE | | |
| 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 | | |
| SILVRSTAT TOPICAL GEL 32 PPM | FE | | |
| strong iodine topical solution 5-10 % | G | | |
| sulfacetamide sodium (acne) topical suspension 10 % | G | | |
| SULFAMYLON TOPICAL CREAM 85 MG/G | PB | | |

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|---|------------------|------------------------------|---|
| VYTONE TOPICAL CREAM IN PACKET 1.9-1 % | FE | | 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 % | G | | |
| ciclodan topical solution 8 % | G | | |
| ciclopirox topical cream 0.77 % | G | | |
| ciclopirox topical gel 0.77 % | G | | |
| ciclopirox topical shampoo 1 % | G | | |
| ciclopirox topical solution 8 % | G | | |
| ciclopirox topical suspension 0.77 % | G | | |
| ciclopirox-ure-camph-menth-euc topical solution 8 % | G | | |
| clotrimazole-betamethasone topical cream 1-0.05 % | G | | |
| clotrimazole-betamethasone topical lotion 1-0.05 % | G | | |
| DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % | FE | | |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % | FE | | |
| econazole topical cream 1 % | G | | |
| ECOZA TOPICAL FOAM 1 % | FE | | econazole nitrate, ciclopirox, ketoconazole, naftifine hcl, oxiconazole nitrate |
| ERTACZO TOPICAL CREAM 2 % | FE | | ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |
| EXELDERM TOPICAL CREAM 1 % | NPB | | ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| EXELDERM TOPICAL SOLUTION 1 % | NPB | | ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |
| EXODERM TOPICAL LOTION 25-1 % | FE | | clotrimazole, ketoconazole, miconazole nitrate |
| EXTINA TOPICAL FOAM 2 % | NPB | ST | ketoconazole |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % | FE | | |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % | FE | | |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % | FE | | |
| HEXIOUNYL TOPICAL LOTION 3-5-20 % | FE | | |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % | FE | | |
| IMIOXIA TOPICAL CREAM 1-4 % | FE | | |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % | NPB | ST | ciclopirox, tavaborole |
| ketoconazole topical cream 2 % | G | | |
| ketoconazole topical foam 2 % | G | ST | |
| ketoconazole topical shampoo 2 % | G | | |
| ketodan kit topical combo pack 2 % | G | ST | |
| ketodan topical foam 2 % | G | ST | |
| klayesta topical powder 100,000 unit/gram | G | | |
| 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 |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % | NPB | | ciclopirox |
| LULICONAZOLE TOPICAL CREAM 1 % | FE | | ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| LUZU TOPICAL CREAM 1 % | FE | | ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |
| MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 % | FE | | miconazole nitrate, clotrimazole, ketoconazole, nystatin |
| naftifine topical cream 1 %, 2 % | G | | |
| naftifine topical gel 2 % | G | | |
| NAFTIN TOPICAL GEL 1 %, 2 % | NPB | | naftifine hcl |
| nyamyc topical powder 100,000 unit/gram | G | | |
| nystatin topical cream 100,000 unit/gram | G | | |
| nystatin topical ointment 100,000 unit/gram | G | | |
| nystatin topical powder 100,000 unit/gram | G | | |
| nystatin-triamcinolone topical cream 100,000-0.1 unit/g-% | G | | |
| nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-% | G | | |
| nystop topical powder 100,000 unit/gram | G | | |
| oxiconazole topical cream 1 % | G | | |
| OXISTAT TOPICAL LOTION 1 % | FE | | oxiconazole nitrate, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl |
| PHEDRAX TOPICAL SHAMPOO 2-2 % | FE | | |
| PHEOXIA TOPICAL CREAM 2-4 % | FE | | |
| PHEYO TOPICAL CREAM 2-2.5 % | FE | | |
| SULCONAZOLE TOPICAL CREAM 1 % | FE | | ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |
| SULCONAZOLE TOPICAL SOLUTION 1 % | FE | | ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate |
| tavaborole topical solution with applicator 5 % | G | ST | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| betamethasone valerate topical foam 0.12 % | G | ST | |
| betamethasone valerate topical lotion 0.1 % | G | | |
| betamethasone valerate topical ointment 0.1 % | G | | |
| betamethasone, augmented topical cream 0.05 % | G | | |
| betamethasone, augmented topical gel 0.05 % | G | | |
| betamethasone, augmented topical lotion 0.05 % | G | | |
| betamethasone, augmented topical ointment 0.05 % | G | | |
| 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 | | |
| CHLOOXIA TOPICAL CREAM 0.05-4 % | FE | | |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % | FE | | |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % | FE | | |
| clobetasol scalp solution 0.05 % | G | QL | |
| clobetasol topical cream 0.05 % | G | QL | |
| clobetasol topical foam 0.05 % | G | ST; QL | |
| clobetasol topical gel 0.05 % | G | QL | |
| clobetasol topical lotion 0.05 % | G | ST; QL | |
| clobetasol topical ointment 0.05 % | G | QL | |
| clobetasol topical shampoo 0.05 % | G | ST; QL | |
| clobetasol topical spray,non-aerosol 0.05 % | G | ST; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| clobetasol-emollient topical cream 0.05 % | G | QL | |
| clobetasol-emollient topical foam 0.05 % | G | 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 % | G | | |
| 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 % | G | 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-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 % | NPB | ST | fluocinolone acetonide |
| DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 % | NPB | ST | fluocinolone acetonide |
| DERMAWERX SDS TOPICAL KIT 0.1-5 % | FE | | triamcinolone acetonide |
| desonide topical cream 0.05 % | G | | |
| desonide topical gel 0.05 % | G | ST | |
| desonide topical lotion 0.05 % | G | ST | |
| desonide topical ointment 0.05 % | G | | |
| desoximetasone topical cream 0.05 %, 0.25 % | G | ST | |
| desoximetasone topical gel 0.05 % | G | ST | |
| desoximetasone topical ointment 0.05 %, 0.25 % | G | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| desoximetasone topical spray,non-aerosol 0.25 % | G | ST | |
| diflorasone topical cream 0.05 % | G | ST; QL | |
| diflorasone topical ointment 0.05 % | G | 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, diflorasone diacetate, halobetasol propionate |
| ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 % | FE | | triamcinolone acetonide |
| fluocinolone and shower cap scalp oil 0.01 % | G | | |
| fluocinolone topical cream 0.01 %, 0.025 % | G | | |
| fluocinolone topical oil 0.01 % | G | | |
| fluocinolone topical ointment 0.025 % | G | | |
| fluocinolone topical solution 0.01 % | G | | |
| fluocinonide topical cream 0.05 % | G | QL | |
| fluocinonide topical cream 0.1 % | PB | ST; QL | |
| fluocinonide topical gel 0.05 % | G | QL | |
| fluocinonide topical ointment 0.05 % | G | QL | |
| fluocinonide topical solution 0.05 % | G | QL | |
| fluocinonide-e topical cream 0.05 % | G | QL | |
| FLUOPAR TOPICAL KIT 0.1-5 % | FE | | |
| FLUOVIX PLUS TOPICAL KIT 0.1 % | FE | | |
| FLUOVIX TOPICAL KIT 0.1 % | FE | | |
| FLUOXIA TOPICAL CREAM 0.05-4 % | FE | | |
| flurandrenolide topical cream 0.05 % | G | ST; QL | |
| flurandrenolide topical lotion 0.05 % | G | ST; QL | |
| flurandrenolide topical ointment 0.05 % | G | ST; QL | |
| fluticasone propionate topical cream 0.05 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| fluticasone propionate topical lotion 0.05 % | G | ST | |
| fluticasone propionate topical ointment 0.005 % | G | | |
| halcinonide topical cream 0.1 % | G | ST | |
| halobetasol propionate topical cream 0.05 % | G | | |
| halobetasol propionate topical foam 0.05 % | G | ST | |
| halobetasol propionate topical ointment 0.05 % | G | | |
| 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 % | G | QL | |
| hydrocortisone butyrate topical lotion 0.1 % | G | ST; QL | |
| hydrocortisone butyrate topical ointment 0.1 % | G | ST; QL | |
| hydrocortisone butyrate topical solution 0.1 % | G | ST; QL | |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % | FE | | |
| hydrocortisone topical cream 2.5 % | G | | |
| hydrocortisone topical lotion 2.5 % | G | | |
| hydrocortisone topical ointment 2.5 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| hydrocortisone valerate topical cream 0.2 % | G | | |
| hydrocortisone valerate topical ointment 0.2 % | G | | |
| HYDROXYM TOPICAL GEL 2 % | FE | | |
| IMPOYZ TOPICAL CREAM 0.025 % | FE | | 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 | | betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate |
| LOCOID LIPOCREAM TOPICAL CREAM 0.1 % | FE | | hydrocortisone butyrate |
| LOCOID TOPICAL LOTION 0.1 % | FE | | hydrocortisone butyrate |
| MOMETACURE TOPICAL KIT 0.1-5 % | FE | | |
| mometasone topical cream 0.1 % | G | | |
| mometasone topical ointment 0.1 % | G | | |
| mometasone topical solution 0.1 % | G | | |
| NOXIPAK TOPICAL KIT 0.01-20 % | FE | | |
| NUCORT TOPICAL LOTION 2 % | NPB | ST | |
| OLUX 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 % | G | | |
| prednicarbate topical ointment 0.1 % | G | | |
| QUINIXIL TOPICAL CREAM 0.1-5 % | FE | | |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 % | NPB | ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| scalacort topical lotion 2 % | G | | |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % | FE | | betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone acetonide, fluocinonide, triamcinolone acetonide |
| SURE RESULT TAC PAK TOPICAL KIT 0.1-5 % | FE | | 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 |
| TETOXIA TOPICAL CREAM 0.01-4 % | FE | | |
| TEXACORT TOPICAL SOLUTION 2.5 % | NPB | ST | hydrocortisone butyrate |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % | NPB | ST | desoximetasone |
| 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 | | desoximetasone |
| tovet emollient topical foam 0.05 % | G | ST; QL | |
| TOVET KIT TOPICAL COMBO PACK 0.05 % | FE | | |
| TRIADIME TOPICAL KIT 0.1-5 % | FE | | |
| TRIADIME-80 TOPICAL KIT 0.1-5 % | FE | | |
| triamcinolone acetonide topical aerosol 0.147 mg/gram | G | ST; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 % | G | | |
| triamcinolone acetonide topical lotion 0.025 %, 0.1 % | G | | |
| triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 % | G | | |
| triamcinolone acetonide topical ointment 0.05 % | G | ST | |
| TRIASIL TOPICAL KIT 0.1 %- 4" X 4" | FE | | |
| triderm topical cream 0.1 % | G | | |
| triderm topical cream 0.5 % | G | ST | |
| TRIHEAL-80 TOPICAL KIT 0.1-5 % | FE | | |
| ULTRAVATE TOPICAL LOTION 0.05 % | FE | | betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate |
| VANOS TOPICAL CREAM 0.1 % | FE | | fluocinonide |
| VERDESO TOPICAL FOAM 0.05 % | FE | | alclometasone dipropionate, betamethasone valerate, desonide, desoximetasone, fluocinolone acetonide, hydrocortisone butyrate, triamcinolone acetonide |
| WHYTEDERM TDKIT TOPICAL KIT 0.1-2 % | FE | | triamcinolone acetonide |
| WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 % | FE | | triamcinolone acetonide |
| XILAPAK TOPICAL KIT 0.01 % | FE | | |
| TOPICAL ENZYMES | | | |
| NEXOBRID TOPICAL GEL 8.8 % | NPB | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | PB | QL | |
| TOPICAL SCABICIDES / PEDICULICIDES | | | |
| crotan topical lotion 10 % | G | | |
| ELIMITE TOPICAL CREAM 5 % | NPB | | permethrin |
| EURAX TOPICAL CREAM 10 % | NPB | | crotan |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|-------------------------------------|------------------|------------------------------|---|
| EURAX TOPICAL LOTION 10 % | NPB | | crotan |
| malathion topical lotion 0.5 % | G | | |
| NATROBA TOPICAL SUSPENSION 0.9 % | FE | | spinosad |
| OVIDE TOPICAL LOTION 0.5 % | NPB | | malathion |
| permethrin topical cream 5 % | G | | |
| spinosad topical suspension 0.9 % | G | | |
| ULESFIA TOPICAL LOTION 5 % | NPB | | ivermectin, permethrin, malathion, spinosad |

DIAGNOSTICS & MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

| | | | |
|---|-----|--|--|
| lactated ringers irrigation solution | G | | |
| neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml | G | | |
| 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 | G | | |
| SORBITOL IRRIGATION SOLUTION 3 % | NPB | | |
| 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 | G | | |
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % | FE | | |

MISCELLANEOUS AGENTS

| | | | |
|---|-----|----|--------------------------|
| acamprosate oral tablet,delayed release (dr/ec) 333 mg | G | PA | |
| acetic acid irrigation solution 0.25 % | G | PA | |
| AGRYLIN ORAL CAPSULE 0.5 MG | NPB | | anagrelide hydrochloride |
| anagrelide oral capsule 0.5 mg, 1 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG | S | PA; ST; LA | |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM | S | PA | sodium phenylbutyrate |
| BUPHENYL ORAL TABLET 500 MG | S | PA | sodium phenylbutyrate |
| caffeine citrate oral solution 60 mg/3 ml (20 mg/ml) | G | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | S | PA; LA | |
| carglumic acid oral tablet, dispersible 200 mg | S | PA; LA | |
| 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 | G | | |
| CHEMET ORAL CAPSULE 100 MG | PB | PA | |
| CUVRIOR ORAL TABLET 300 MG | FE | | trientine hcl |
| deferasirox oral granules in packet 180 mg, 360 mg, 90 mg | S | PA; LA | |
| deferasirox oral tablet 180 mg, 360 mg, 90 mg | S | PA; LA | |
| deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg | S | PA; LA | |
| deferiprone oral tablet 1,000 mg, 500 mg | S | PA; LA | |
| disulfiram oral tablet 250 mg, 500 mg | G | | |
| droxidopa oral capsule 100 mg, 200 mg, 300 mg | S | PA; LA | desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML | S | PA | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | FE | | hydroxyurea, Droxia, Siklos |
| ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| EVOXAC ORAL CAPSULE 30 MG | NPB | | cevimeline hcl |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG | FE | | deferasirox |
| EXSERVAN ORAL FILM 50 MG | S | | riluzole |
| FABHALTA ORAL CAPSULE 200 MG | S | PA | |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | S | PA | |
| FERRIPROX ORAL SOLUTION 100 MG/ML | S | PA | |
| FERRIPROX ORAL TABLET 1,000 MG | S | PA | deferiprone (3 times a day) |
| FERRIPROX ORAL TABLET 500 MG | S | PA | deferiprone |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | S | PA; LA | |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) | S | PA; ST; LA | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | S | PA; LA | |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | FE | | deferasirox |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG | FE | | deferasirox |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG | FE | | PROCRIT, RETACRIT |
| JOENJA ORAL TABLET 70 MG | S | PA; QL | |
| KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML | S | | |
| LAMZEDE INTRAVENOUS RECON SOLN 10 MG | S | PA | |
| levocarnitine (with sugar) oral solution 100 mg/ml | G | | |
| levocarnitine oral solution 100 mg/ml | G | | |
| levocarnitine oral tablet 330 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| LITFULO ORAL CAPSULE 50 MG | S | PA; QL; LA | betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone |
| LITHOSTAT ORAL TABLET 250 MG | NPB | PA | |
| midodrine oral tablet 10 mg, 2.5 mg, 5 mg | G | | |
| nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg | S | PA; LA | |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | S | PA; LA | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | FE | | 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 | S | PA | sodium phenylbutyrate, PHEBURANE |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | S | PA | nitisinone |
| ORFADIN ORAL SUSPENSION 4 MG/ML | S | PA | nitisinone, NITYR |
| OXBRYTA ORAL TABLET 300 MG, 500 MG | FE | | hydroxyurea, DROXIA |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG | FE | | hydroxyurea, DROXIA |
| PHEBURANE ORAL GRANULES 483 MG/GRAM | S | PA; LA | |
| pilocarpine hcl oral tablet 5 mg | G | | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML | S | PA | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | S | PA; QL | |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | S | PA; QL | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM | NPB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | FE | | sodium phenylbutyrate, PHEBURANE |
| RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML | S | PA; LA | zoledronic acid |
| REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | S | PA | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | S | PA; QL; LA | |
| RILUTEK ORAL TABLET 50 MG | NPB | | riluzole |
| riluzole oral tablet 50 mg | G | | |
| risedronate oral tablet 30 mg | G | QL | |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG | NPB | | pilocarpine hcl |
| sodium chloride 0.9 % injection solution | G | | |
| sodium chloride 0.9 % intravenous parenteral solution | G | | |
| sodium chloride 0.9 % intravenous piggyback | G | | |
| sodium chloride injection syringe 0.9 % | G | | |
| sodium chloride irrigation solution 0.9 % | G | | |
| sodium phenylbutyrate oral powder 0.94 gram/gram | G | PA | |
| sodium phenylbutyrate oral tablet 500 mg | G | PA | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG | S | PA; QL | |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML | S | PA; LA | |
| SYPRINE ORAL CAPSULE 250 MG | NPB | PA | trientine hcl |
| TAVNEOS ORAL CAPSULE 10 MG | FE | | azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML | S | | riluzole |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG | S | PA | tiopronin |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| THIOLA ORAL TABLET 100 MG | FE | | tiopronin |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML | S | | riluzole |
| tiopronin oral tablet 100 mg | S | PA; LA | |
| tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg | S | PA | |
| trientine oral capsule 250 mg | G | PA | |
| TRIENTINE ORAL CAPSULE 500 MG | FE | | trientine hcl |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML | S | PA; LA | EMPAVELI, SOLIRIS |
| VEOPOZ INJECTION SOLUTION 200 MG/ML | S | PA | |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) | FE | | |
| water for irrigation, sterile irrigation solution | G | | |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG | S | PA; LA | |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | S | PA | |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG | S | PA; ST; LA | |
| ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG | S | PA; LA | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | S | PA; QL | |
| zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml | S | PA; LA | |
| SMOKING DETERRENTS | | | |
| bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg | G | ACA | |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | 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 | G | ACA | |
| nicotine (polacrilex) buccal lozenge 2 mg, 4 mg | G | ACA | |
| nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg | G | ACA | |
| nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr | G | ACA | |
| nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr | G | ACA | |
| NICOTROL NS NASAL SPRAY, NON- AEROSOL 10 MG/ML | NPB | ACA | nicotine, nicotine gum |
| quit 2 buccal gum 2 mg | G | ACA | |
| quit 2 buccal lozenge 2 mg | G | ACA | |
| quit 4 buccal gum 4 mg | G | ACA | |
| quit 4 buccal lozenge 4 mg | G | ACA | |
| stop smoking aid buccal lozenge 2 mg, 4 mg | G | ACA | |
| varenicline oral tablet 0.5 mg, 1 mg | G | ACA | |
| varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42) | G | ACA | |

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

| | | | |
|--|---|----|--|
| ARESTIN DENTAL CARTRIDGE 1 MG | S | | |
| azelastine nasal spray, non-aerosol 137 mcg (0.1 %) | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| chlorhexidine gluconate mucous membrane mouthwash 0.12 % | G | | |
| CLINPRO 5000 DENTAL PASTE 1.1 % | NPB | | sodium fluoride |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % | FE | | |
| denta 5000 plus dental cream 1.1 % | G | | |
| denta 5000 plus sensitive dental paste 1.1-5 % | G | | |
| dentagel dental gel 1.1 % | G | | |
| fluoride (sodium) dental cream 1.1 % | G | | |
| fluoride (sodium) dental gel 1.1 % | G | | |
| fluoride (sodium) dental paste 1.1 % | G | | |
| fluoride (sodium) dental solution 0.2 % | G | | |
| 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 | | |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % | NPB | | |
| FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 % | 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 %) | G | QL | |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % | NPB | | |
| kourzeq dental paste 0.1 % | G | | |
| MUGARD MUCOUS MEMBRANE SOLUTION | S | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| olopatadine nasal spray,non-aerosol 0.6 % | G | QL | |
| oralone dental paste 0.1 % | G | | |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH | NPB | | |
| ORAPEUTIC MUCOUS MEMBRANE GEL | FE | | |
| paroex oral rinse mucous membrane mouthwash 0.12 % | G | | |
| 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 % | G | | |
| pilocarpine hcl oral tablet 7.5 mg | G | | |
| 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 | | sodium fluoride |
| 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 |
| PREVIDENT KIDS DENTAL PASTE 1.1 % | NPB | | |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML | S | | |
| SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG | NPB | | pilocarpine hcl |
| sf 5000 plus dental cream 1.1 % | G | | |
| sf dental gel 1.1 % | G | | |

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

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| 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 | S | PA; LA | |
| AGAMREE ORAL SUSPENSION 40 MG/ML | FE | | prednisone, prednisolone |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | FE | | hydrocortisone |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG | NPB | | hydrocortisone |
| cortisone oral tablet 25 mg | G | | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | FE | | |
| deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg | S | PA; LA | |
| dexabliss oral tablets,dose pack 1.5 mg (39 tabs) | G | ST | |
| dexamethasone intensol oral drops 1 mg/ml | G | | |
| dexamethasone oral elixir 0.5 mg/5 ml | G | | |
| dexamethasone oral solution 0.5 mg/5 ml | G | | |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg | G | | |
| dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) | G | ST | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | FE | | prednisone, prednisolone |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | FE | | deflazacort |
| fludrocortisone oral tablet 0.1 mg | G | | |
| HEMADY ORAL TABLET 20 MG | FE | | dexamethasone |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG | NPB | | methylprednisolone |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | NPB | | methylprednisolone |
| methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg | G | | |
| methylprednisolone oral tablets,dose pack 4 mg | G | | |
| millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs) | G | | |
| millipred oral tablet 5 mg | G | | |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG | NPB | | prednisolone sodium phosphate |
| prednisolone oral solution 15 mg/5 ml | G | | |
| prednisolone oral tablet 5 mg | G | | |
| 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) | G | | |
| prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg | G | | |
| prednisone intensol oral concentrate 5 mg/ml | G | | |
| prednisone oral solution 5 mg/5 ml | G | | |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg | G | | |
| prednisone oral tablets,dose pack 10 mg, 5 mg | G | | |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG | S | PA; QL | methylprednisolone, prednisone |
| TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML | NPB | | |
| XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML | S | LA | |
| ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) | NPB | ST | dexamethasone |
| ANTITHYROID AGENTS | | | |
| methimazole oral tablet 10 mg, 5 mg | G | | |
| potassium iodide oral solution 1 gram/ml | G | | |
| propylthiouracil oral tablet 50 mg | G | | |
| SSKI ORAL SOLUTION 1 GRAM/ML | NPB | | potassium iodide |
| BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES | | | |
| ADVOCATE REDI-CODE PLUS STRIP | FE | | FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO |
| BLULINK GLUCOSE TEST STRIP STRIP | FE | | FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--------------------------------------|-----------|-----------------------|---|
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP | FE | | FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO |
| FREESTYLE INSULINX STRIP | PB | | |
| FREESTYLE INSULINX TEST STRIPS STRIP | PB | | |
| FREESTYLE LITE STRIPS STRIP | PB | | |
| FREESTYLE PRECISION NEO STRIPS STRIP | PB | | |
| FREESTYLE TEST STRIP | PB | | |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP | FE | | FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO |
| NOVA MAX GLUCOSE TEST STRIP | FE | | FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO |
| ONETOUCH ULTRA TEST STRIP | PB | | |
| ONETOUCH VERIO TEST STRIPS STRIP | PB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| PIP BLOOD GLUCOSE TEST STRIP STRIP | FE | | FREESTYLE TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE INSULINX TEST STRIPS, PRECISION XTRA, ONE TOUCH ULTRA TEST STRIPS, ONE TOUCH VERIO |
| PRECISION XTRA TEST STRIP | PB | | |
| GLUCOSE ELEVATING AGENTS | | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | PB | QL | |
| diazoxide oral suspension 50 mg/ml | G | | |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG | FE | | glucagon emergency kit, BAQSIMI, GVOKE |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG | FE | | glucagon emergency kit, BAQSIMI, GVOKE |
| glucagon emergency kit (human) injection recon soln 1 mg | G | 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 1 MG/0.2 ML | PB | QL | |
| 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 | | glucagon emergency kit, BAQSIMI, GVOKE |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | FE | | glucagon emergency kit, BAQSIMI, GVOKE |
| INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU | | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--------------------------------------|-----------|-----------------------|---|
| ADVOCATE REDI-CODE PLUS | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| BIGFOOT UNITY KIT | FE | | DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR |
| BLULINK DIABETIC TEST BUNDLE KIT | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| BLULINK GLUCOSE MONITOR SYSTEM | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| CARESENS CONTROL A AND B SOLUTION | NPB | | FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| CARESENS N | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| CARESENS N FELIZ GLUCOSE METER | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| DEXCOM G7 RECEIVER | PB | PA; ST | |
| DEXCOM G7 SENSOR DEVICE | PB | PA; ST | |
| EMBRACE WAVE PLUS GLUCOSE MTR | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| EVERSENSE E3 SMART TRANSMITTER DEVICE | NPB | PA; ST | DEXCOM G6 TRANSMITTER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 3 READER |
| FORA 6 CONNECT MULTIFUNCTN MTR DEVICE | NPB | | |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE | NPB | | |
| FREESTYLE LIBRE 3 READER | PB | ST | |
| FREESTYLE LIBRE 3 SENSOR DEVICE | PB | PA; ST | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| GE333 BLOOD GLUCOSE SYSTEM | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE | NPB | PA; ST | DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR |
| GUARDIAN 4 TRANSMITTER DEVICE | NPB | PA; ST | DEXCOM G6 TRANSMITTER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 3 READER |
| GUARDIAN CONNECT TRANSMITTER DEVICE | NPB | PA; ST | DEXCOM G6 TRANSMITTER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 3 READER |
| GUARDIAN LINK 3 TRANSMITTER DEVICE | NPB | PA; ST | DEXCOM G6 TRANSMITTER, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 READER, FREESTYLE LIBRE 3 READER |
| GUARDIAN SENSOR 3 DEVICE | NPB | PA; ST | DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | PB | | |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | PB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | PB | | |
| OMNIPOD 5 G6-G7 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 ULTRA CONTROL SOLUTION | PB | | |
| ONETOUCH ULTRA2 METER | PB | | |
| ONETOUCH VERIO FLEX METER | PB | | |
| ONETOUCH VERIO MID CONTROL SOLUTION | PB | | |
| ONETOUCH VERIO REFLECT METER | PB | | |
| PIP BLOOD GLUCOSE MONITOR | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| PIP GLUCOSE CONTROL SOLN L1- L2 SOLUTION | NPB | | FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO |
| TEMPO SMART BUTTON DEVICE | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| TEMPO WELCOME KIT KIT | FE | | FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRA 2, ONETOUCH VERIO FLEX, ONETOUCH VERIO REFLECT |
| INSULIN THERAPY | | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | 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 | | HUMALOG, INSULIN LISPRO |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | 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 | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | FE | | HUMALOG, INSULIN LISPRO |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | 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 | | |
| 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 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 INSULIN 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 | | HUMALOG MIX 75-25 |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | FE | | HUMALOG MIX 75-25 |
| INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | HUMALOG, INSULIN LISPRO, LYUMJEV |
| INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U- 100 |
| INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | FE | | SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U- 200 |
| INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | FE | | SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U- 100, TRESIBA FLEXTOUCH U-200 |
| INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | FE | | SEMGLEE (YFGN) PEN, TOUJEO MAX SOLOSTAR, TRESIBA FLEXTOUCH U- 100, TRESIBA FLEXTOUCH U-200 |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | SEMGLEE (YFGN) PEN |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | SEMGLEE (YFGN) |
| INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | PB | | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | PB | | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | PB | | |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | PB | | |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | SEMGLEE (YFGN) |
| LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U- 100 |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | | HUMULIN 70/30 KWIKPEN |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | HUMULIN N KWIKPEN |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | HUMULIN R |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | FE | | HUMALOG MIX 75-25 |
| NOVOLOG MIX 70-30FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | FE | | HUMALOG MIX 75-25 |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | FE | | HUMALOG, INSULIN LISPRO KWIKPEN U-100, LYUMJEV KWIKPEN U-100 |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | FE | | HUMALOG, INSULIN LISPRO, LYUMJEV |
| RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | FE | | HUMULIN 70-30 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | FE | | HUMULIN N |
| RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | FE | | HUMULIN R |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | FE | | 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 | | |
| 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 | | SOLIQUA 100-33 |
| MISCELLANEOUS HORMONES | | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | S | PA; LA | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | PB | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | FE | | testosterone |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) | FE | | testosterone |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) | FE | | testosterone cypionate, testosterone enanthate, XYOSTED |
| BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) | S | PA | |
| cabergoline oral tablet 0.5 mg | G | QL | |
| calcitonin (salmon) injection solution 200 unit/ml | G | | |
| calcitonin (salmon) nasal spray,non- aerosol 200 unit/actuation | G | | |
| CERDELGA ORAL CAPSULE 84 MG | S | PA; ST; QL; LA | |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | S | PA; ST; LA | |
| cetrotelix subcutaneous kit 0.25 mg | S | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | S | LA | |
| CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT | NPB | ST | NOVAREL, OVIDREL |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT | FE | | NOVAREL, OVIDREL |
| cinacalcet oral tablet 30 mg, 60 mg, 90 mg | G | PA | |
| clomid oral tablet 50 mg | G | | |
| clomiphene citrate oral tablet 50 mg | G | | |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML | S | PA; QL; LA | |
| danazol oral capsule 100 mg, 200 mg, 50 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG | NPB | | desmopressin acetate |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML | NPB | PA | testosterone cypionate |
| desmopressin injection solution 4 mcg/ml | S | LA | |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml) | G | | |
| DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | PB | | |
| desmopressin oral tablet 0.1 mg, 0.2 mg | G | | |
| doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg | G | | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | S | PA; LA | |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT | FE | | CEREZYME |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML | S | PA | |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | FE | | Elfabrio |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML | FE | | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT |
| fyremadel subcutaneous syringe 250 mcg/0.5 ml | S | LA | |
| GALAFOLD ORAL CAPSULE 123 MG | S | PA; QL; LA | FABRAZYME |
| ganirelix subcutaneous syringe 250 mcg/0.5 ml | S | ST; LA | |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | S | ST; LA | |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT | S | ST; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | S | ST; LA | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | FE | | ketoconazole, mifepristone, SIGNIFOR |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | NPB | PA; QL | testosterone, ANDRODERM |
| javygtor oral powder in packet 100 mg, 500 mg | S | PA; LA | |
| javygtor oral tablet,soluble 100 mg | S | PA; LA | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | S | 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) | S | PA; QL | |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | S | PA; LA | |
| KORLYM ORAL TABLET 300 MG | FE | | mifepristone |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG | FE | | sapropterin dihydrochloride |
| KUVAN ORAL TABLET,SOLUBLE 100 MG | FE | | sapropterin dihydrochloride |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG | FE | | testosterone, ANDRODERM |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG | S | PA; LA | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | S | LA | |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | S | PA; LA | |
| METHITEST ORAL TABLET 10 MG | PB | | |
| methyltestosterone oral capsule 10 mg | G | | |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | NPB | | calcitonin-salmon |
| mifepristone oral tablet 300 mg | S | PA | |
| miglustat oral capsule 100 mg | S | PA; ST; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | S | PA; LA | |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | S | PA; LA | |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION | FE | | testosterone, ANDRODERM |
| NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG | S | 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 | | desmopressin acetate |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | S | QL; LA | |
| OPFOLDA ORAL CAPSULE 65 MG | FE | | LUMIZYME |
| ORLISSA ORAL TABLET 150 MG, 200 MG | PB | QL | |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML | S | LA | |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | S | PA; QL; LA | |
| paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg | G | | |
| POMBILITI INTRAVENOUS RECON SOLN 105 MG | S | PA; LA | LUMIZYME |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT | S | ST; QL; LA | NOVAREL, OVIDREL |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | NPB | | calcitriol, doxercalciferol, paricalcitol |
| RECORLEV ORAL TABLET 150 MG | FE | | ketoconazole |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| SAMSCA ORAL TABLET 15 MG, 30 MG | FE | | tolvaptan |
| sapropterin oral powder in packet 100 mg, 500 mg | S | PA; LA | |
| sapropterin oral tablet, soluble 100 mg | S | PA; LA | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG | FE | | cinacalcet hcl |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | S | PA; LA | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | S | PA | |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | PB | PA | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | S | PA; LA | |
| TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG | S | | |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | FE | | testosterone |
| TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML | FE | | |
| TESTOPEL IMPLANT PELLETT 75 MG | S | PA | testosterone cypionate, testosterone enanthate, XYOSTED |
| testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml | G | PA | |
| testosterone enanthate intramuscular oil 200 mg/ml | G | PA | |
| TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG | NPB | PA | |
| testosterone transdermal gel 50 mg/5 gram (1 %) | G | PA; QL | |
| testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %) | G | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) | G | PA; QL | |
| testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml) | G | PA; QL | |
| TLANDO ORAL CAPSULE 112.5 MG | FE | | testosterone, ANDRODERM |
| tolvaptan oral tablet 15 mg, 30 mg | S | PA; QL; LA | |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | S | PA; LA | |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | NPB | PA; QL | testosterone |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) | NPB | PA; QL | testosterone |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) | NPB | PA; QL | testosterone |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG | S | PA; LA | |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | FE | | CEREZYME |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | PB | PA; QL | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | NPB | | paricalcitol |
| zoledronic acid intravenous recon soln 4 mg | S | LA | |
| zoledronic acid intravenous solution 4 mg/5 ml | S | LA | |
| zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml | S | LA | |
| ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML | S | LA | |
| NON-INSULIN HYPOGLYCEMIC AGENTS | | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| acarbose oral tablet 100 mg, 25 mg, 50 mg | G | PA | |
| 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 | | saxagliptin hcl, JANUVIA |
| ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG | FE | | saxagliptin-metformin er, JANUMET, JANUMET XR |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | FE | | pioglitazone hcl, saxagliptin hcl, JANUVIA |
| BRENZAVVY ORAL TABLET 20 MG | FE | | 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 |
| DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG | FE | | SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR |
| DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG | FE | | FARXIGA, JARDIANCE, STEGLATRO |
| DM2 COMBO PACK, TABLET AND STRIP 500 MG | FE | | |
| 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 | G | | |
| glipizide oral tablet 10 mg, 5 mg | G | | |
| GLIPIZIDE ORAL TABLET 2.5 MG | FE | | glipizide |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg | G | | |
| glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg | G | | |
| 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 | | metformin hcl er |
| glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg | G | | |
| glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg | G | | |
| glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg | G | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | PB | ST; QL | |
| INPEFA ORAL TABLET 200 MG, 400 MG | FE | | FARXIGA, JARDIANCE |
| INVOKAMET ORAL TABLET 150- 1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | FE | | SEGLUROMET, 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 | | SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR |
| INVOKANA ORAL TABLET 100 MG, 300 MG | FE | | 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 | | saxagliptin-metformin er, JANUMET, JANUMET XR |

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| 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 | | saxagliptin-metformin er, JANUMET, JANUMET XR |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG | FE | | saxagliptin-metformin er, JANUMET, JANUMET XR |
| metformin oral solution 500 mg/5 ml | G | ST | |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg | G | | |
| METFORMIN ORAL TABLET 625 MG | FE | | metformin hcl |
| metformin oral tablet extended release 24 hr 500 mg, 750 mg | G | 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 | G | PA; QL | |
| migliitol oral tablet 100 mg, 25 mg, 50 mg | G | | |
| 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 | G | | |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG | FE | | saxagliptin hcl, JANUVIA |
| ONGLYZA ORAL TABLET 5 MG | FE | | 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 | G | QL | |
| pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg | G | QL | |
| pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG | NPB | PA | acarbose |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG | FE | | GLYXAMBI |
| repaglinide oral tablet 0.5 mg, 1 mg, 2 mg | G | | |
| 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 | G | ST; QL | |
| saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg | G | ST; QL | |
| SEGLUOMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG | PB | ST; QL | |
| SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG | FE | | saxagliptin hcl, JANUVIA |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | PB | ST; QL | |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | FE | | 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 | |
| TRADJENTA ORAL TABLET 5 MG | FE | | saxagliptin hcl, JANUVIA |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| 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 | | BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | FE | | 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 | |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG | FE | | saxagliptin hcl, JANUVIA |
| THYROID HORMONES | | | |
| adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | G | | |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG | FE | | 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 | | 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 | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | G | | |
| 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 | | 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 | G | | |
| 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 | G | | |
| liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg | G | | |
| niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | G | | |
| np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | G | | |
| 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 | | euthyrox, levothyroxine sodium, levoxyl, unithroid |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML | FE | | euthyrox, levothyroxine sodium, levoxyl, unithroid |
| thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | G | | |
| 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 | | euthyrox, levothyroxine sodium, levoxyl, unithroid |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| 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 | | euthyrox, levothyroxine sodium, levoxyl, unithroid |
| 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 | G | | |

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

| | | | |
|--|-----|--|--------------------------|
| anaspaz oral tablet,disintegrating 0.125 mg | G | | |
| chlordiazepoxide-clidinium oral capsule 5-2.5 mg | G | | |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) | FE | | glycopyrrolate |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG | FE | | glycopyrrolate |
| dicyclomine oral capsule 10 mg | G | | |
| dicyclomine oral solution 10 mg/5 ml | G | | |
| dicyclomine oral tablet 20 mg | G | | |
| diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml | G | | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | G | | |
| 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 | G | | |
| GLYCATE ORAL TABLET 1.5 MG | NPB | | glycopyrrolate |
| glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml) | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| glycopyrrolate oral tablet 1 mg, 2 mg | G | | |
| glycopyrrolate oral tablet 1.5 mg | FE | | glycopyrrolate 1 mg or 2 mg tablets |
| hyoscyamine sulfate oral drops 0.125 mg/ml | G | | |
| hyoscyamine sulfate oral elixir 0.125 mg/5 ml | G | | |
| hyoscyamine sulfate oral tablet 0.125 mg | G | | |
| hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg | G | | |
| hyoscyamine sulfate oral tablet, disintegrating 0.125 mg | G | | |
| hyoscyamine sulfate sublingual tablet 0.125 mg | G | | |
| hyosyne oral drops 0.125 mg/ml | G | | |
| hyosyne oral elixir 0.125 mg/5 ml | G | | |
| 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 | | clidinium w/chlordiazepoxide, dicyclomine-containing product AND hyoscyamine-containing product |
| LOMOTIL ORAL TABLET 2.5-0.025 MG | NPB | | diphenoxylate w/atropine |
| methscopolamine oral tablet 2.5 mg, 5 mg | G | | glycopyrrolate |
| MOTOFEN ORAL TABLET 1-0.025 MG | NPB | | diphenoxylate w/atropine |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG | FE | | diphenoxylate w/atropine, loperamide hcl |
| NULEV ORAL TABLET, DISINTEGRATING 0.125 MG | NPB | | hyoscyamine sulfate |
| opium tincture oral tincture 10 mg/ml (morphine) | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| oscimin oral tablet 0.125 mg | G | | |
| oscimin sl sublingual tablet 0.125 mg | G | | |
| phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml | G | | |
| phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg | G | | |
| phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml | G | | |
| phenohydro oral tablet 16.2-0.1037 -0.0194 mg | G | | |
| 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 | G | | |
| symax-sl sublingual tablet 0.125 mg | G | | |
| symax-sr oral tablet extended release 12 hr 0.375 mg | G | | |
| MISCELLANEOUS AGENTS | | | |
| AURYXIA ORAL TABLET 210 MG IRON | NPB | | lanthanum carbonate, sevelamer carbonate, sevelamer hcl, VELPHORO |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG | FE | | lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG | FE | | lanthanum carbonate |
| lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg | G | | |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram | G | | |
| sevelamer carbonate oral tablet 800 mg | G | | |
| sevelamer hcl oral tablet 400 mg, 800 mg | G | | |
| sodium polystyrene sulfonate oral powder | G | | |
| sps (with sorbitol) oral suspension 15-20 gram/60 ml | G | | |
| sps (with sorbitol) rectal enema 30-40 gram/120 ml | G | | |
| 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 | | calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer hcl, VELPHORO |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | FE | | granisetron hcl, ondansetron hcl, aprepitant, VARUBI |
| alosetron oral tablet 0.5 mg, 1 mg | G | | |
| alvimopan oral capsule 12 mg | G | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | FE | | 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 | | meclizine hcl |
| anucort-hc rectal suppository 25 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG | FE | | hydrocortisone acetate |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | FE | | procto-med hc, proctosol-hc, proctozone-hc |
| ANZEMET ORAL TABLET 50 MG | FE | | granisetron hcl, ondansetron hcl |
| aprepitant oral capsule 125 mg, 40 mg, 80 mg | G | QL | |
| aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) | G | QL | |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM | NPB | ST | mesalamine er |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG | FE | | 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 | G | | |
| betaine oral powder 1 gram/scoop | S | PA | |
| BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG | FE | | doxylamine succ-pyridoxine hcl |
| budesonide oral capsule,delayed,extend.release 3 mg | G | | |
| budesonide oral tablet,delayed and ext.release 9 mg | G | ST | |
| budesonide rectal foam 2 mg/actuation | G | | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG | S | PA; QL; LA | cholestyramine, rifampin, ursodiol |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG | S | PA; QL; LA | cholestyramine, rifampin, ursodiol |
| CANASA RECTAL SUPPOSITORY 1,000 MG | FE | | mesalamine |
| CHENODAL ORAL TABLET 250 MG | S | PA | |
| CHOLBAM ORAL CAPSULE 250 MG | S | PA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|--|
| CHOLBAM ORAL CAPSULE 50 MG | S | PA; QL | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | FE | | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | FE | | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ |
| citrate of magnesia oral solution | G | ACA | |
| citroma oral solution | G | ACA | |
| clearlax oral powder 17 gram/dose | G | ACA | |
| CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/175 ML | FE | | 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 | G | | |
| constulose oral solution 10 gram/15 ml | G | | |
| CORTENEMA RECTAL ENEMA 100 MG/60 ML | NPB | | hydrocortisone |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | FE | | 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 | G | | |
| CYSTADANE ORAL POWDER 1 GRAM/SCOOP | FE | | betaine anhydrous |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG | FE | | mesalamine dr |

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| 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 | | balsalazide disodium, mesalamine, mesalamine dr, mesalamine er, sulfasalazine, PENTASA |
| doxylamine-pyridoxine (vit b6) oral tablet,delayered release (dr/ec) 10-10 mg | G | | |
| dronabinol oral capsule 10 mg, 2.5 mg, 5 mg | G | | |
| dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml | G | ACA | |
| EMEND ORAL CAPSULE 80 MG | FE | | aprepitant |
| EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) | FE | | aprepitant |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | FE | | aprepitant, VARUBI |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG | S | PA; LA | |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | FE | | ENTYVIO, OMVOH, OMVOH PEN, STELARA |
| enulose oral solution 10 gram/15 ml | G | | |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML | FE | | budesonide |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML | NPB | | cromolyn sodium |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | S | PA; LA | |
| gavilax oral powder 17 gram/dose | G | ACA | |
| gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram | G | ACA | |
| gavilyte-g oral recon soln 236-22.74- 6.74 -5.86 gram | G | ACA | |
| gentle laxative (bisacodyl) oral tablet,delayered release (dr/ec) 5 mg | G | ACA | |
| gentlelax oral powder 17 gram/dose | G | ACA | |

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

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| milk of magnesia concentrated oral suspension 2,400 mg/10 ml | G | ACA | |
| milk of magnesia oral suspension 400 mg/5 ml | G | ACA | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG | FE | | lubiprostone, LINZESS, TRULANCE |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | PB | | |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM | FE | | peg3350-sod sul-nacl-kcl-asb-c |
| natura-lax oral powder 17 gram/dose | G | ACA | |
| nitroglycerin rectal ointment 0.4 % (w/w) | G | | |
| NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % | FE | | Epifoam, hydrocortisone-pramoxine cream, Pramoxone cream, Pramoxone lotion, or Pramoxone ointment |
| OCALIVA ORAL TABLET 10 MG, 5 MG | S | PA; QL; LA | |
| OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) | S | PA; LA | |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML | S | PA; QL; LA | |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML | FE | | |
| ondansetron hcl oral solution 4 mg/5 ml | G | QL | |
| ondansetron hcl oral tablet 4 mg, 8 mg | G | QL | |
| ondansetron oral tablet, disintegrating 4 mg, 8 mg | G | QL | |
| onelax magnesium citrate oral solution | G | ACA | |
| oral saline laxative oral liquid 7.2-2.7 gram/15 ml | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| 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 | G | ACA | |
| peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram | G | ACA | |
| peg-electrolyte soln oral recon soln 420 gram | G | 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 | | CREON, PANCREAZE, ZENPEP |
| phosphate laxative oral liquid 7.2-2.7 gram/15 ml | G | ACA | |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | FE | | peg3350-sod sul-nacl-kcl-asb- c, sod sulf-potass sulf-mag sulf |
| polyethylene glycol 3350 oral powder 17 gram/dose | G | ACA | |
| powderlax oral powder 17 gram/dose | G | ACA | |
| prochlorperazine maleate oral tablet 10 mg, 5 mg | G | | |
| prochlorperazine rectal suppository 25 mg | G | | |
| PROCORT RECTAL CREAM 1.85- 1.15 % | NPB | | hc pramoxine, pramoxine hcl w/hydrocortisone |
| PROCTOCORT RECTAL SUPPOSITORY 30 MG | NPB | | hydrocortisone acetate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| PROCTOFOAM HC RECTAL FOAM 1-1 % | FE | | pramoxine hcl w/hydrocortisone |
| procto-med hc topical cream with perineal applicator 2.5 % | G | | |
| proctosol hc topical cream with perineal applicator 2.5 % | G | | |
| proctozone-hc topical cream with perineal applicator 2.5 % | G | | |
| purelax oral powder 17 gram/dose | G | ACA | |
| REBYOTA RECTAL ENEMA 150 ML | FE | | |
| 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 | | ursodiol |
| REMICADE INTRAVENOUS RECON SOLN 100 MG | FE | | INFLECTRA |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG | FE | | 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 | G | | |
| SFROWASA RECTAL ENEMA 4 GRAM/60 ML | NPB | | mesalamine |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | S | PA; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | S | PA; QL; LA | |
| smoothlax oral powder 17 gram/dose | G | ACA | |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram | G | ACA | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | S | PA | |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM | FE | | peg3350-sod sul-nacl-kcl-asb-c, sod sulf-potass sulf-mag sulf |
| sulfasalazine oral tablet 500 mg | G | | |
| sulfasalazine oral tablet,delayed release (dr/ec) 500 mg | G | | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | FE | | sod sulf-potass sulf-mag sulf |
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM | FE | | 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 | | scopolamine |
| trimethobenzamide oral capsule 300 mg | G | | |
| 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 | G | | |
| ursodiol oral tablet 250 mg, 500 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| VARUBI ORAL TABLET 90 MG | PB | QL | |
| VELSIPITY ORAL TABLET 2 MG | FE | | HUMIRA, OMVOH PEN, RINVOQ, SIMPONI, STELARA, XELJANZ, ZEPOSIA |
| 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 | S | | |
| women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg | G | ACA | |
| ZELNORM ORAL TABLET 6 MG | FE | | 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, 60,000-189,600- 252,600 UNIT | PB | | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | S | PA; QL | |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | S | PA; QL | |
| ULCER THERAPY | | | |
| ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG | FE | | rabeprazole sodium |
| amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg | G | QL | |
| bismuth subcit k-metronidz-ten oral capsule 140-125-125 mg | G | | |
| CARAFATE ORAL SUSPENSION 100 MG/ML | FE | | sucralfate |
| CARAFATE ORAL TABLET 1 GRAM | FE | | sucralfate |
| cimetidine hcl oral solution 300 mg/5 ml | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | G | | |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG | NPB | | misoprostol |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG | FE | | dexlansoprazole dr |
| dexlansoprazole oral capsule,biphase delayed releas 30 mg | G | ST; QL | |
| dexlansoprazole oral capsule,biphase delayed releas 60 mg | G | ST | |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg | G | | |
| esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg | G | ST; QL | |
| esomeprazole magnesium oral granules dr for susp in packet 40 mg | G | ST | |
| famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml) | G | | |
| famotidine oral tablet 40 mg | G | | |
| KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML | FE | | dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium |
| lansoprazole oral capsule,delayed release(dr/ec) 30 mg | G | | |
| lansoprazole oral tablet,disintegrat, delay rel 15 mg | G | ST; QL | |
| lansoprazole oral tablet,disintegrat, delay rel 30 mg | G | ST | |
| misoprostol oral tablet 100 mcg, 200 mcg | G | | |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG | FE | | esomeprazole magnesium |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG | FE | | esomeprazole magnesium |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG | FE | | dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium |
| nizatidine oral capsule 150 mg, 300 mg | G | | |
| 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 | G | QL | |
| omeprazole oral capsule, delayed release(dr/ec) 40 mg | G | | |
| omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram | PB | PA | |
| omeprazole-sodium bicarbonate oral packet 20-1,680 mg | PB | PA; QL | |
| omeprazole-sodium bicarbonate oral packet 40-1,680 mg | PB | PA | |
| pantoprazole oral granules dr for susp in packet 40 mg | G | ST | |
| pantoprazole oral tablet, delayed release (dr/ec) 20 mg | G | QL | |
| pantoprazole oral tablet, delayed release (dr/ec) 40 mg | G | | |
| PEPCID ORAL TABLET 40 MG | NPB | | famotidine |
| PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG | FE | | lansoprazole |
| PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG | FE | | lansoprazole |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG | FE | | dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG | FE | | pantoprazole sodium |

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

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

| | | | |
|-------------------------------|---|--------|--|
| ribavirin oral capsule 200 mg | S | ST; LA | |
|-------------------------------|---|--------|--|

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ribavirin oral tablet 200 mg | S | ST; LA | |
| BIOTECHNOLOGY DRUGS | | | |
| APHEXDA SUBCUTANEOUS RECON SOLN 62 MG | FE | | plerixafor |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | FE | | 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 | | PROCRIT, RETACRIT |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | S | PA; 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 | | PROCRIT, RETACRIT |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | S | PA; ST; QL; LA | |
| FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | FE | | NIVESTYM |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | FE | | NIVESTYM |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | S | PA; LA | |
| LEUKINE INJECTION RECON SOLN 250 MCG | S | PA; LA | |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 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 | | PROCRIT, RETACRIT |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | S | PA; LA | plerixafor |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | FE | | NIVESTYM |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | FE | | NIVESTYM |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | S | PA; LA | |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | S | PA; LA | |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml) | S | 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 | S | PA; LA | |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT | S | PA; LA | |
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG | S | | |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | FE | | NIVESTYM |
| 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 | S | PA; LA | |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | FE | | FULPHILA, ZIEXTENZO |
| XOLREMDI ORAL CAPSULE 100 MG | S | PA | |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | FE | | NIVESTYM |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | S | PA; ST; QL; LA | |
| ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML | S | PA | |
| GROWTH HORMONES | | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | S | 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 | S | PA; LA | |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | S | PA; LA | |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) | FE | | GENOTROPIN, OMNITROPE |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) | S | PA; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| NORDITROPIN FLEXP 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 | | 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 | | GENOTROPIN, OMNITROPE |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | S | PA; LA | |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG | S | PA; LA | |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | S | 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 | | 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 | | GENOTROPIN, OMNITROPE, NGENLA |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG | FE | | GENOTROPIN, OMNITROPE |
| INTERFERONS | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | S | PA; LA | |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML | PB | | |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | FE | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | S | QL; LA | |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | S | QL; LA | |
| MULTIPLE SCLEROSIS AGENTS | | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| AUBAGIO ORAL TABLET 14 MG, 7 MG | FE | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | S | PA; ST; QL; LA | |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | S | PA; ST; QL; LA | |
| BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG | S | PA; ST; QL; LA | |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | S | PA; ST; QL; LA | |
| BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML | FE | | |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | FE | | |
| dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg | S | PA; QL; LA | |
| fingolimod oral capsule 0.5 mg | S | PA; QL; LA | |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG | FE | | |
| glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml | S | PA; QL; LA | |
| glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml | S | PA; ST; QL; LA | |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | S | PA; ST; QL; LA | |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML | S | PA; QL; LA | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | S | PA; ST; QL; LA | |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | S | PA; ST; QL; LA | |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | S | PA; ST; QL; LA | |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | S | PA; QL; LA | |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML | S | PA; ST; QL; LA | |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | S | PA; ST; QL; LA | |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | S | PA; ST; QL; LA | |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) | S | PA; ST; QL; LA | |
| PONVORY ORAL TABLET 20 MG | S | PA; ST; QL; LA | |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | S | PA; ST; QL; LA | |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | S | PA; ST; QL; LA | |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | S | PA; ST; QL; LA | |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG | FE | | |
| teriflunomide oral tablet 14 mg, 7 mg | S | PA; QL; LA | |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | S | PA; ST; QL; LA | |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | | | |
| ABRYSVO (PF) 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 | |
| ALYGLO INTRAVENOUS SOLUTION 10 % | S | PA | GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | PB | ACA | |
| ASCENIV INTRAVENOUS SOLUTION 10 % | S | PA; LA | GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 % | S | 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 | | AIMOVIG AUTOINJECTOR, AJOVY AUTOINJECTOR, EMGALITY, QULIPTA, DYSPOREX, 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 | | 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 %) | FE | | GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML | S | PA; LA | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML | PB | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT | FE | | DYSPOORT, MYOBLOC |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | PB | | |
| DYSPOORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT | S | PA; LA | |
| 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 % | S | 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 | |
| FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML | PB | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | S | PA | |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | S | PA; LA | |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | S | 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 | | GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C, XEMBIFY |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | S | PA; LA | GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % | S | 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 %) | S | PA; LA | |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | PB | ACA | |
| 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 | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | PB | ACA | |
| 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 %) | S | PA; LA | XEMBIFY |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | S | 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 %) | S | 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 | |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | PB | | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | PB | | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | PB | ACA | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | PB | ACA | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | PB | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | S | PA; LA | |
| NOVAVAX COVID 2023- 24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML | PB | ACA | |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | S | PA; LA | GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY | S | PA | |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) | FE | | |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) | FE | | |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) | FE | | |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG | FE | | |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) | FE | | |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) | FE | | |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) | FE | | |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) | FE | | |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | FE | | |
| PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG | FE | | |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG | FE | | |
| PANZYGA INTRAVENOUS SOLUTION 10 % | S | 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 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 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 | |
| PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML | PB | ACA | |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | PB | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/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 % | S | 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 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | PB | ACA | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | PB | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | PB | ACA | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | PB | ACA | |
| 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 | | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | PB | ACA | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | PB | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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 | PB | ACA | |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML | PB | ACA | |
| 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 %) | S | PA; LA | |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT | FE | | DYSPORE, MYOBLOC |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | PB | | |
| IMMUNOLOGY | | | |
| INTERLEUKINS | | | |
| imiquimod topical cream in metered- dose pump 3.75 % | G | | |
| imiquimod topical cream in packet 3.75 %, 5 % | G | | |
| QUIDROXZAR TOPICAL GEL 5-0.1- 30 % | FE | | |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % | FE | | |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 % | FE | | |
| ZYCLARA TOPICAL CREAM IN PACKET 3.75 % | FE | | |
| MUSCULOSKELETAL & RHEUMATOLOGY | | | |
| GOUT THERAPY | | | |
| allopurinol oral tablet 100 mg, 300 mg | G | | |
| ALLOPURINOL ORAL TABLET 200 MG | FE | | allopurinol |
| colchicine oral capsule 0.6 mg | G | ST | |
| colchicine oral tablet 0.6 mg | G | | |
| COLCRYS ORAL TABLET 0.6 MG | FE | | colchicine |
| febuxostat oral tablet 40 mg, 80 mg | G | ST | |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML | NPB | | colchicine, MITIGARE |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | S | PA; LA | |
| MITIGARE ORAL CAPSULE 0.6 MG | PB | ST | |
| probenecid oral tablet 500 mg | G | | |
| probenecid-colchicine oral tablet 500-0.5 mg | G | | |
| ULORIC ORAL TABLET 40 MG, 80 MG | FE | | febuxostat |
| ZYLOPRIM ORAL TABLET 100 MG | NPB | | allopurinol |
| OSTEOPOROSIS THERAPY | | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | NPB | ST; QL | risedronate sodium |
| alendronate oral solution 70 mg/75 ml | G | QL | |
| alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg | G | QL | |
| AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG | NPB | ST; QL | risedronate sodium dr |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| 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 | | 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) | S | 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 | S | PA; LA | |
| ibandronate intravenous syringe 3 mg/3 ml | S | PA; LA | |
| ibandronate oral tablet 150 mg | G | QL | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | FE | | alendronate sodium, ibandronate sodium, risedronate sodium, zoledronic acid, FORTEO, TYMLOS |
| raloxifene oral tablet 60 mg | G | | |
| risedronate oral tablet 150 mg, 35 mg, 5 mg | G | QL | |
| risedronate oral tablet, delayed release (dr/ec) 35 mg | G | QL | |
| teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml) | S | PA; QL; LA | |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | S | PA; QL | teriparatide, FORTEO, TYMLOS |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | S | PA; QL; LA | |

OTHER RHEUMATOLOGICALS

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | S | 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) | S | PA; LA | |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | S | PA; ST; QL; LA | |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|---|
| ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| ADALIMUMAB-ADB SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL | |
| ADALIMUMAB-ADB SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML | S | PA; QL; LA | |
| ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | S | PA; QL | |
| ADALIMUMAB-ADB M(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL | |
| ADALIMUMAB-ADB M(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | |
| ADALIMUMAB-ADB M(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL | |
| ADALIMUMAB-ADB M(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | |
| ADALIMUMAB-FK JP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADB M(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| ADALIMUMAB-FK JP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADB M(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| ADALIMUMAB-RY VK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | S | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADB(M)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADB(M)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| ARAVAL ORAL TABLET 10 MG, 20 MG | NPB | QL | leflunomide |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | S | PA; LA | |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | S | PA; QL; LA | |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | S | PA; QL; LA | |
| CUPRIMINE ORAL CAPSULE 250 MG | FE | | penicillamine |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL | |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL | |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL | |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML | S | PA; QL; LA | |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | S | PA; QL | |
| DEPEN TITRATABS ORAL TABLET 250 MG | NPB | | penicillamine |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | S | PA; QL; LA | |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | S | PA; QL; LA | |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | S | PA; QL; LA | |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | S | PA; QL; LA | |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|--|
| HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML | S | QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | S | PA; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | S | PA; QL; LA | |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | S | PA; QL; LA | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|---|
| IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | FE | | ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | FE | | ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | FE | | ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ |
| LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % | FE | | |
| leflunomide oral tablet 10 mg, 20 mg | G | QL | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | FE | | ACTEMRA, ENBREL, HUMIRA, INFLECTRA, RINVOQ, XELJANZ |
| OLUMIANT ORAL TABLET 4 MG | FE | | betamethasone valerate, clobetasol e, cyclosporine, dexamethasone, fluocinonide, methotrexate, prednisone |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | FE | | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | FE | | 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 | | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ |
| OTEZLA ORAL TABLET 30 MG | S | PA; QL; LA | |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | S | PA; 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 | | RASUVO |
| penicillamine oral capsule 250 mg | G | | |
| penicillamine oral tablet 250 mg | G | | |
| 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 | S | 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 | |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | S | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|--|
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML | S | PA; 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 | S | PA; ST; QL; LA | |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | FE | | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | S | PA; ST; QL; LA | |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | FE | | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA, TALTZ AUTOINJECTOR, XELJANZ |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | FE | | |
| XELJANZ ORAL SOLUTION 1 MG/ML | S | PA; ST; QL; LA | |
| XELJANZ ORAL TABLET 10 MG, 5 MG | S | PA; ST; QL; LA | |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | S | PA; ST; QL; LA | |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | FE | | ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR |
| YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML | FE | | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR |

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

| | | | |
|---|-----|-----|--|
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | PB | ACA | |
| DUREX AVANTI BARE REAL FEEL | NPB | ACA | |
| DUREX EXTRA SENSITIVE CONDOM DEVICE | NPB | ACA | |
| FC2 FEMALE CONDOM | PB | ACA | |
| FEMCAP VAGINAL DEVICE 22 MM | PB | ACA | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | S | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | S | ACA; LA | KYLEENA, MIRENA, SKYLA |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG | S | ACA | |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | S | ACA | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | S | 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 | G | | |
| 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 0.5-100 MG, 1-100 MG | FE | | amabelz, estradiol- norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol |
| camila oral tablet 0.35 mg | G | ACA | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | FE | | 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 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| covaryx h.s. oral tablet 0.625-1.25 mg | G | | |
| covaryx oral tablet 1.25-2.5 mg | G | | |
| CRINONE VAGINAL GEL 4 % | FE | | medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone |
| CRINONE VAGINAL GEL 8 % | S | LA | |
| deblitane oral tablet 0.35 mg | G | ACA | |
| 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 | | 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 | G | QL | |
| DUAVEE ORAL TABLET 0.45-20 MG | PB | | |
| eemt hs oral tablet 0.625-1.25 mg | G | | |
| eemt oral tablet 1.25-2.5 mg | G | | |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION | FE | | estradiol, estradiol |
| emzahn oral tablet 0.35 mg | G | ACA | |
| ENDOMETRIN VAGINAL INSERT 100 MG | FE | | CRINONE |
| errin oral tablet 0.35 mg | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG | NPB | | estradiol |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | FE | | estradiol |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg | G | | |
| estradiol transdermal gel in metered-dose pump 1.25 gram/actuation | G | QL | |
| 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 %) | G | 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 | G | QL | |
| 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 | G | QL | |
| estradiol vaginal cream 0.01 % (0.1 mg/gram) | G | | |
| estradiol vaginal tablet 10 mcg | G | | |
| estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml | G | | |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg | G | | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | FE | | estradiol, estradiol, yuvafem, PREMARIN |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION | FE | | estradiol, estradiol |
| estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg | G | | |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) | FE | | estradiol, estradiol |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | FE | | estradiol, estradiol, estradiol, yuvafem, PREMARIN |
| fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| heather oral tablet 0.35 mg | G | ACA | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | FE | | estradiol, estradiol, yuvafem, PREMARIN |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | FE | | estradiol, estradiol, yuvafem, PREMARIN |
| incassia oral tablet 0.35 mg | G | ACA | |
| jencycla oral tablet 0.35 mg | G | ACA | |
| jinteli oral tablet 1-5 mg-mcg | G | | |
| lyleq oral tablet 0.35 mg | G | 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 | G | QL | |
| lyza oral tablet 0.35 mg | G | ACA | |
| medroxyprogesterone intramuscular suspension 150 mg/ml | G | QL; ACA | |
| medroxyprogesterone intramuscular syringe 150 mg/ml | G | QL; ACA | |
| medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg | G | | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | FE | | estradiol |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | NPB | QL | estradiol |
| mimvey oral tablet 1-0.5 mg | G | | |
| 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 | | estradiol |
| nora-be oral tablet 0.35 mg | G | ACA | |
| norethindrone (contraceptive) oral tablet 0.35 mg | G | ACA | |
| norethindrone acetate oral tablet 5 mg | G | | |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | G | | |
| OPILL ORAL TABLET 0.075 MG | PB | ACA | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | FE | | estradiol |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | PB | | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | FE | | 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 | | amabelz, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol |
| progesterone intramuscular oil 50 mg/ml | S | LA | |
| progesterone micronized oral capsule 100 mg, 200 mg | G | | |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG | NPB | | progesterone |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG | NPB | | medroxyprogesterone acetate |
| sharobel oral tablet 0.35 mg | G | ACA | |
| tulana oral tablet 0.35 mg | G | ACA | |
| VAGIFEM VAGINAL TABLET 10 MCG | FE | | 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 | | estradiol |
| yuvafem vaginal tablet 10 mcg | G | | |
| 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 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % | NPB | | clindamycin phosphate, metronidazole, XACIATO |
| eluryng vaginal ring 0.12-0.015 mg/24 hr | G | ACA | |
| enilloring vaginal ring 0.12-0.015 mg/24 hr | G | ACA | |
| etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr | G | ACA | |
| fem ph vaginal gel 0.9-0.025 % | G | PA | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | NPB | | terconazole |
| haloette vaginal ring 0.12-0.015 mg/24 hr | G | ACA | |
| INTRAROSA VAGINAL INSERT 6.5 MG | FE | | estradiol, estradiol, yuvafem, PREMARIN |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram) | G | | |
| miconazole-3 vaginal suppository 200 mg | G | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | PB | | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | S | ACA; LA | |
| norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr | G | ACA | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR | FE | | eluryng, enilloring, etonogestrel-ethinyl estradiol, haloette |
| 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 | | estradiol, estradiol, yuvafem, PREMARIN |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | FE | | 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 | PA | fem ph |
| terconazole vaginal cream 0.4 %, 0.8 % | G | | |
| terconazole vaginal suppository 80 mg | G | | |
| tranexamic acid oral tablet 650 mg | G | | |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % | PB | | |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR | FE | | blisovi fe, eluryng, etonogestrel-ethinyl estradiol, hailey fe, junel fe, larin fe, xulane |
| vandazole vaginal gel 0.75 % (37.5mg/5 gram) | G | | |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % | PB | ACA | |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % | PB | ACA | |
| VEOZAH ORAL TABLET 45 MG | NPB | PA | estradiol, estradiol, paroxetine mesylate |
| XACIATO VAGINAL GEL 2 % | PB | | |
| xulane transdermal patch weekly 150-35 mcg/24 hr | G | ACA | |
| zafemy transdermal patch weekly 150-35 mcg/24 hr | G | ACA | |
| ORAL CONTRACEPTIVES & RELATED AGENTS | | | |
| afirmelle oral tablet 0.1-20 mg-mcg | G | ACA | |
| after pill oral tablet 1.5 mg | G | QL; ACA | |
| AFTERA ORAL TABLET 1.5 MG | NPB | QL; ACA | |
| altavera (28) oral tablet 0.15-0.03 mg | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| alyacen 1/35 (28) oral tablet 1-35 mg-mcg | G | ACA | |
| alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg | G | ACA | |
| amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | G | ACA | |
| amethyst (28) oral tablet 90-20 mcg (28) | G | ACA | |
| apri oral tablet 0.15-0.03 mg | G | ACA | |
| aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg | G | ACA | |
| ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | G | ACA | |
| abra eq oral tablet 0.1-20 mg-mcg | G | ACA | |
| abra oral tablet 0.1-20 mg-mcg | G | ACA | |
| aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg | G | ACA | |
| aurovela 1/20 (21) oral tablet 1-20 mg-mcg | G | ACA | |
| aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) | G | ACA | |
| aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) | G | ACA | |
| aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) | G | ACA | |
| aviane oral tablet 0.1-20 mg-mcg | G | ACA | |
| ayuna oral tablet 0.15-0.03 mg | G | ACA | |
| azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) | FE | | joyeaux, levonorg-eth estrad-fe bisglyc |
| balziva (28) oral tablet 0.4-35 mg-mcg | G | 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) | G | ACA | |
| blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) | G | ACA | |
| briellyn oral tablet 0.4-35 mg-mcg | G | ACA | |
| camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7) | G | ACA | |
| camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | G | ACA | |
| caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg | G | ACA | |
| charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) | G | ACA | |
| chateal (28) oral tablet 0.15-0.03 mg | G | ACA | |
| chateal eq (28) oral tablet 0.15-0.03 mg | G | ACA | |
| cryselle (28) oral tablet 0.3-30 mg-mcg | G | ACA | |
| curae oral tablet 1.5 mg | G | QL; ACA | |
| cyred eq oral tablet 0.15-0.03 mg | G | ACA | |
| cyred oral tablet 0.15-0.03 mg | G | ACA | |
| dasetta 1/35 (28) oral tablet 1-35 mg-mcg | G | ACA | |
| dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg | G | ACA | |
| daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | G | ACA | |
| desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |
| dolishale oral tablet 90-20 mcg (28) | G | ACA | |
| drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) | G | ACA | |
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg | G | ACA | |
| econtra ez oral tablet 1.5 mg | G | QL; ACA | |
| econtra one-step oral tablet 1.5 mg | G | QL; ACA | |
| elinest oral tablet 0.3-30 mg-mcg | G | ACA | |
| ELLA ORAL TABLET 30 MG | PB | QL; ACA | |
| enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10) | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| enskyce oral tablet 0.15-0.03 mg | G | ACA | |
| estarylla oral tablet 0.25-35 mg-mcg | G | ACA | |
| ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg | G | ACA | |
| falmina (28) oral tablet 0.1-20 mg-mcg | G | ACA | |
| finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) | G | ACA | |
| gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4) | G | ACA | |
| hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) | G | ACA | |
| hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) | G | ACA | |
| hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) | G | ACA | |
| hailey oral tablet 1.5-30 mg-mcg | G | ACA | |
| her style oral tablet 1.5 mg | G | QL; ACA | |
| iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) | G | ACA | |
| isibloom oral tablet 0.15-0.03 mg | G | ACA | |
| jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | G | ACA | |
| jasmiel (28) oral tablet 3-0.02 mg | G | ACA | |
| jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) | G | ACA | |
| joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7) | G | ACA | |
| juleber oral tablet 0.15-0.03 mg | G | ACA | |
| junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg | G | ACA | |
| junel 1/20 (21) oral tablet 1-20 mg-mcg | G | ACA | |
| junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) | G | ACA | |
| junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) | G | ACA | |
| junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4) | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) | G | ACA | |
| kalliga oral tablet 0.15-0.03 mg | G | ACA | |
| kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |
| kelnor 1/35 (28) oral tablet 1-35 mg-mcg | G | ACA | |
| kelnor 1-50 (28) oral tablet 1-50 mg-mcg | G | ACA | |
| kurvelo (28) oral tablet 0.15-0.03 mg | G | 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) | G | ACA | |
| larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg | G | ACA | |
| larin 1/20 (21) oral tablet 1-20 mg-mcg | G | ACA | |
| larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) | G | ACA | |
| larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) | G | ACA | |
| larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) | G | ACA | |
| layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) | G | ACA | |
| leena 28 oral tablet 0.5/1/0.5-35 mg-mcg | G | ACA | |
| lessina oral tablet 0.1-20 mg-mcg | G | ACA | |
| levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10) | G | ACA | |
| levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7) | G | ACA | |
| levonorgestrel oral tablet 1.5 mg | G | QL; ACA | |
| levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) | G | ACA | |
| levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) | G | ACA | |
| levora-28 oral tablet 0.15-0.03 mg | G | ACA | |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | FE | | 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 | | aurovela, hailey, junel, larin, microgestin, norethindrone- ethin estradiol |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | FE | | aurovela, 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 | | aurovela fe, blisovi fe, hailey fe, junel fe, larin fe, microgestin fe, norethindrone- e.estradiol-iron |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | FE | | 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) | G | ACA | |
| loryna (28) oral tablet 3-0.02 mg | G | ACA | |
| low-ogestrel (28) oral tablet 0.3-30 mg- mcg | G | ACA | |
| lo-zumandimine (28) oral tablet 3-0.02 mg | G | ACA | |
| lutera (28) oral tablet 0.1-20 mg-mcg | G | ACA | |
| marlissa (28) oral tablet 0.15-0.03 mg | G | ACA | |
| merzee oral capsule 1 mg-20 mcg (24)/75 mg (4) | G | ACA | |
| mibelas 24 fe oral tablet,chewable 1 mg- 20 mcg(24) /75 mg (4) | G | ACA | |
| microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg | G | ACA | |
| microgestin 1/20 (21) oral tablet 1-20 mg-mcg | G | ACA | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | G | ACA | |
| nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg | G | ACA | |
| nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21) | G | ACA | |
| nortrel 1/35 (28) oral tablet 1-35 mg-mcg | G | ACA | |
| nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg | G | ACA | |
| nylia 1/35 (28) oral tablet 1-35 mg-mcg | G | ACA | |
| nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg | G | ACA | |
| nymyo oral tablet 0.25-35 mg-mcg | G | ACA | |
| ocella oral tablet 3-0.03 mg | G | ACA | |
| opcicon one-step oral tablet 1.5 mg | G | QL; ACA | |
| option-2 oral tablet 1.5 mg | G | QL; ACA | |
| philith oral tablet 0.4-35 mg-mcg | G | ACA | |
| pimtree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | PB | QL; ACA | |
| portia 28 oral tablet 0.15-0.03 mg | G | ACA | |
| QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG | FE | | levonorg-eth estrad eth estrad, rivelsa |
| reclipsen (28) oral tablet 0.15-0.03 mg | G | ACA | |
| rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg | G | ACA | |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) | FE | | drospirenone-eth estro-levomef, tydemy |
| setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) | G | ACA | |
| simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10) | G | ACA | |
| tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg | G | ACA | |
| tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | G | ACA | |
| turqoz (28) oral tablet 0.3-30 mg-mcg | G | ACA | |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG | FE | | altavera, aviane, falmina, lessina, levonorgestrel-eth estradiol, portia, vienva |
| tydemy oral tablet 3-0.03-0.451 mg (21) (7) | G | ACA | |
| velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg | G | ACA | |
| vestura (28) oral tablet 3-0.02 mg | G | ACA | |
| vienva oral tablet 0.1-20 mg-mcg | G | ACA | |
| viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |
| volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 | G | ACA | |
| vyfemla (28) oral tablet 0.4-35 mg-mcg | G | ACA | |
| vylibra oral tablet 0.25-35 mg-mcg | G | ACA | |
| wera (28) oral tablet 0.5-35 mg-mcg | G | ACA | |
| wymzya fe oral tablet,chewable 0.4mg- 35mcg(21) and 75 mg (7) | G | ACA | |
| YASMIN (28) ORAL TABLET 3-0.03 MG | FE | | drospirenone-ethinyl estradiol, ocella, syeda, zarah, zumandimine |
| 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 | G | ACA | |
| zovia 1-35 (28) oral tablet 1-35 mg-mcg | G | ACA | |
| zumandimine (28) oral tablet 3-0.03 mg | G | ACA | |
| OXYTOCICS | | | |
| methylergonovine oral tablet 0.2 mg | G | QL | |

OPHTHALMOLOGY

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|-----------|-----------------------|--|
| ANTIBIOTICS | | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | PB | | |
| bacitracin ophthalmic (eye) ointment 500 unit/gram | G | | |
| bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram | G | | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | FE | | ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % | NPB | | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | FE | | ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin |
| ciprofloxacin hcl ophthalmic (eye) drops 0.3 % | G | | |
| erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %) | G | | |
| gatifloxacin ophthalmic (eye) drops 0.5 % | G | | |
| gentamicin ophthalmic (eye) drops 0.3 % | G | | |
| levofloxacin ophthalmic (eye) drops 1.5 % | G | | |
| MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML | NPB | ST | |
| moxifloxacin ophthalmic (eye) drops 0.5 % | G | | |
| moxifloxacin ophthalmic (eye) drops, viscous 0.5 % | G | | |
| 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 | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | PB | | |
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g | G | | |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml | G | | |
| neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g | G | | |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % | NPB | | ofloxacin |
| ofloxacin ophthalmic (eye) drops 0.3 % | G | | |
| polycin ophthalmic (eye) ointment 500- 10,000 unit/gram | G | | |
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml | G | | |
| tobramycin ophthalmic (eye) drops 0.3 % | G | | |
| 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 |
| ANTIVIRALS | | | |
| trifluridine ophthalmic (eye) drops 1 % | G | | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | NPB | | trifluridine |
| BETA-BLOCKERS | | | |
| betaxolol ophthalmic (eye) drops 0.5 % | G | | |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % | FE | | 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 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % | FE | | timolol maleate |
| levobunolol ophthalmic (eye) drops 0.5 % | G | | |
| timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 % | G | | |
| timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % | G | | |
| timolol maleate ophthalmic (eye) drops, once daily 0.5 % | G | | |
| timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % | G | | |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 % | FE | | timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 % | FE | | timolol maleate |
| CHOLINESTERASE INHIBITOR MIOTICS | | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | S | | |
| CYCLOPLEGIC MYDRIATICS | | | |
| ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 % | NPB | | |
| atropine ophthalmic (eye) drops 1 % | G | | |
| atropine ophthalmic (eye) ointment 1 % | G | | |
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 % | FE | | atropine sulfate |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % | NPB | | cyclopentolate hcl |
| cyclopentolate ophthalmic (eye) drops 1 % | G | | |
| cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 % | G | | |
| CYCLOPENT-TROPIC-PHEN-KETR- WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-2.5 %-0.5 % | NPB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| homatropaire ophthalmic (eye) drops 5 % | G | | |
| 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 % | G | | |
| DIRECT ACTING MIOTICS | | | |
| MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML) | NPB | PA | |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % | G | | |
| VUITY OPHTHALMIC (EYE) DROPS 1.25 % | FE | | |
| MISCELLANEOUS OPHTHALMOLOGICS | | | |
| acuicyn topical spray,non-aerosol 0.01 % | FE | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % | NPB | | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | NPB | | proparacaine hcl |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 % | FE | | azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % | FE | | azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl |
| altacaine ophthalmic (eye) drops 0.5 % | G | | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % | NPB | | |
| AVENOVA TOPICAL SPRAY,NON-AEROSOL 0.01 % | FE | | |
| azelastine ophthalmic (eye) drops 0.05 % | G | | |
| BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML | S | LA | EYLEA |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| bepotastine besilate ophthalmic (eye) drops 1.5 % | G | | |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % | FE | | bepotastine besilate |
| BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML | NPB | | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML | S | LA | |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % | NPB | ST; QL | cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML | S | LA | |
| cromolyn ophthalmic (eye) drops 4 % | G | | |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % | NPB | | |
| cyclosporine ophthalmic (eye) dropperette 0.05 % | G | ST; QL | |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.37 % | FE | | CYSTARAN |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | S | PA | |
| DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML | NPB | | |
| epinastine ophthalmic (eye) drops 0.05 % | G | | |
| FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 % | NPB | | |
| fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 % | G | | |
| IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % | NPB | | |
| LACRISERT OPHTHALMIC (EYE) INSERT 5 MG | NPB | QL | cyclosporine, RESTASIS MULTIDOSE |

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|--|------------------|------------------------------|---|
| LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML | FE | | BYOOVIZ, CIMERLI |
| LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL) | S | 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 % | S | 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 | | |
| 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 % | G | | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | PB | ST; QL | |

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|---|------------------|------------------------------|--|
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | NPB | ST; QL | cyclosporine |
| SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML | FE | | |
| SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML | FE | | |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % | NPB | | |
| tetracaine hcl ophthalmic (eye) drops 0.5 % | G | | |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY | NPB | ST | cyclosporine, RESTASIS MULTIDOSE, XIIDRA |
| VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML | FE | | EYLEA |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % | FE | | azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 % | NPB | ST; QL | cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | S | QL | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | PB | ST; QL | |
| ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % | FE | | 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 | | bromfenac sodium, diclofenac sodium, ketorolac tromethamine |

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|--|------------------|------------------------------|---|
| bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 % | G | | |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % | FE | | bromfenac sodium |
| diclofenac sodium ophthalmic (eye) drops 0.1 % | G | | |
| flurbiprofen sodium ophthalmic (eye) drops 0.03 % | G | | |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | NPB | | bromfenac sodium, diclofenac sodium, ketorolac tromethamine |
| ketorolac ophthalmic (eye) drops 0.4 %, 0.5 % | G | | |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | FE | | bromfenac sodium, diclofenac sodium, ketorolac tromethamine |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | NPB | | bromfenac sodium |
| ORAL DRUGS FOR GLAUCOMA | | | |
| acetazolamide oral capsule, extended release 500 mg | G | | |
| acetazolamide oral tablet 125 mg, 250 mg | G | | |
| methazolamide oral tablet 25 mg, 50 mg | G | | |
| OTHER GLAUCOMA DRUGS | | | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | FE | | brinzolamide |
| bimatoprost ophthalmic (eye) drops 0.03 % | G | | |
| BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 % | NPB | | |
| brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % | G | | |
| brinzolamide ophthalmic (eye) drops,suspension 1 % | G | | |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | NPB | ST | brimonidine tartrate-timolol |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % | FE | | dorzolamide-timolol |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML | FE | | dorzolamide-timolol |
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % | NPB | | |
| dorzolamide ophthalmic (eye) drops 2 % | G | | |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % | G | | |
| dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml | G | | |
| DURYSTA INTRACAMERAL IMPLANT 10 MCG | FE | | bimatoprost, latanoprost, tafluprost, travoprost |
| IDOSE TR INTRACAMERAL IMPLANT 75 MCG | FE | | bimatoprost, latanoprost, tafluprost, travoprost |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % | FE | | latanoprost |
| latanoprost ophthalmic (eye) drops 0.005 % | G | | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | NPB | ST | bimatoprost, latanoprost, tafluprost, travoprost |
| miostat intraocular solution 0.01 % | G | | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | FE | | betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | FE | | 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 % | G | ST | |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % | FE | | travoprost |
| travoprost ophthalmic (eye) drops 0.004 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | NPB | ST | bimatoprost, latanoprost, tafluprost, travoprost |
| XALATAN OPHTHALMIC (EYE) DROPS 0.005 % | FE | | latanoprost |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % | FE | | bimatoprost, latanoprost, tafluprost, travoprost |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % | FE | | tafluprost |
| STEROID-ANTIBIOTIC COMBINATIONS | | | |
| DEXAMETH-MOXIFLOX(PF)- NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML | NPB | | |
| 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% | G | | |
| neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % | G | | |
| neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 % | G | | |
| neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml | G | | |
| neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% | G | | |
| PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 % | NPB | | |
| PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % | NPB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | NPB | | tobramycin-dexamethasone |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % | FE | | tobramycin-dexamethasone |
| tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % | G | | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | FE | | tobramycin-dexamethasone |
| STEROIDS | | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | FE | | loteprednol etabonate, azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl |
| dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 % | G | | |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG | NPB | | |
| DEXYCU (PF) INTRAOCULAR SUSPENSION 9 % | NPB | | |
| difluprednate ophthalmic (eye) drops 0.05 % | G | | |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % | FE | | difluprednate |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | NPB | QL | loteprednol etabonate, artificial tears |
| FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | FE | | dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate |
| fluorometholone ophthalmic (eye) drops,suspension 0.1 % | G | | |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | FE | | dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate |
| FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | NPB | ST | fluorometholone |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| ILUVIEN INTRAVITREAL IMPLANT 0.19 MG | S | 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 |
| 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 % | G | | |
| loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 % | G | ST | |
| loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 % | G | | |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | FE | | dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG | S | LA | |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | NPB | | prednisolone acetate |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | FE | | dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | NPB | | |
| prednisolone acetate ophthalmic (eye) drops,suspension 1 % | G | | |
| prednisolone sodium phosphate ophthalmic (eye) drops 1 % | G | | |
| RETISERT INTRAVITREAL IMPLANT 0.59 MG | S | LA | |
| STEROID-SULFONAMIDE COMBINATIONS | | | |
| sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %) | G | | |
| SULFONAMIDES | | | |
| sulfacetamide sodium ophthalmic (eye) drops 10 % | G | | |
| sulfacetamide sodium ophthalmic (eye) ointment 10 % | G | | |
| SYMPATHOMIMETICS | | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % | NPB | ST | brimonidine tartrate |
| apraclonidine ophthalmic (eye) drops 0.5 % | G | | |
| brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 % | G | | |
| 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 % | G | | |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % | FE | | |
| RESPIRATORY, ALLERGY, COUGH & COLD | | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS | | | |
| ADYPHREN AMP II INJECTION KIT 1 MG/ML | FE | | epinephrine, EPINEPHRINE |
| ADYPHREN AMP INJECTION KIT 1 MG/ML | FE | | epinephrine, EPINEPHRINE |
| ADYPHREN II INJECTION KIT 1 MG/ML | FE | | epinephrine, EPINEPHRINE |
| ADYPHREN INJECTION KIT 1 MG/ML | FE | | 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 | |
| carbinoxamine maleate oral liquid 4 mg/5 ml | G | | |
| carbinoxamine maleate oral tablet 4 mg, 6 mg | G | | |
| CLARINEX ORAL TABLET 5 MG | NPB | QL | desloratadine |
| clemastine oral syrup 0.5 mg/5 ml | FE | | clemastine tablets, diphenhydramine, chlorpheniramine, carbinoxamine, hydroxyzine, cetirizine |
| clemastine oral tablet 2.68 mg | G | | |
| cyproheptadine oral syrup 2 mg/5 ml | G | | |
| cyproheptadine oral tablet 4 mg | G | | |
| desloratadine oral tablet 5 mg | G | QL | |
| desloratadine oral tablet, disintegrating 2.5 mg, 5 mg | G | QL | |
| dexchlorpheniramine maleate oral solution 2 mg/5 ml | FE | | chlorpheniramine AND loratadine, fexofenadine or cetirizine (including OTC) |
| EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.15 ML | FE | | epinephrine (by Amneal), AUVI-Q, AUVI-Q, EPIPEN JR. |
| epinephrine injection auto-injector 0.15 mg/0.3 ml | G | QL | epinephrine (by TEVA, Mylan) |
| epinephrine injection auto-injector 0.3 mg/0.3 ml | G | QL | epinephrine (by TEVA, Amneal, Avkare, Mylan) |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML | FE | | |
| EPINEPHRINESNAP INJECTION KIT 1 MG/ML | FE | | |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML | FE | | |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML | FE | | |
| 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 | |
| hydroxyzine hcl oral solution 10 mg/5 ml | G | | |
| hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg | G | | |
| hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg | G | | |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML | NPB | | carbinoxamine |
| promethazine oral syrup 6.25 mg/5 ml | G | | |
| promethazine oral tablet 12.5 mg, 25 mg, 50 mg | G | | |
| promethazine rectal suppository 12.5 mg, 25 mg | G | | |
| promethegan rectal suppository 12.5 mg, 25 mg, 50 mg | G | | |
| 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 | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| 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 | G | | |
| 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 | G | | |
| 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 | G | | |
| 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 | G | | |
| hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml | G | | |
| hydrocodone-homatropine oral tablet 5-1.5 mg | G | | |
| hydromet oral syrup 5-1.5 mg/5 ml | G | | |
| 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 | G | | |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML | NPB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| 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 | G | | |
| promethazine-codeine oral syrup 6.25-10 mg/5 ml | G | | |
| promethazine-dm oral syrup 6.25-15 mg/5 ml | G | | |
| 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 %) | G | PA | |
| ADCIRCA ORAL TABLET 20 MG | FE | | tadalafil |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | S | 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 | FE | | fluticasone-salmeterol, wixela inhub |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | PB | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION | NPB | QL | breyna, budesonide- formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA |
| AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | FE | | breyna, budesonide- formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | PB | | |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation | FE | | 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 | G | | |
| albuterol sulfate oral syrup 2 mg/5 ml | G | | |
| albuterol sulfate oral tablet 2 mg, 4 mg | G | | |
| albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg | G | | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION | FE | | ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER |
| alyq oral tablet 20 mg | S | PA; QL | |
| ambrisentan oral tablet 10 mg, 5 mg | S | 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 | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION | FE | | ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER |
| 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 | G | ST; QL | |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) | FE | | CINRYZE, RUCONEST |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | FE | | ANORO ELLIPTA, STIOLTO RESPIMAT |
| bosentan oral tablet 125 mg, 62.5 mg | S | PA; ST; QL; LA | |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50- 25 MCG/DOSE | PB | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | G | QL | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | PB | QL | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | S | LA | nebusal, 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 | G | QL | |
| budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | G | QL | |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | FE | | DUPIXENT, FASENRA, NUCALA |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | S | PA; ST; QL; LA | |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | PB | QL | |
| cromolyn inhalation solution for nebulization 20 mg/2 ml | G | | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | FE | | roflumilast |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION | FE | | ANORO ELLIPTA, STIOLTO RESPIMAT |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | PB | QL | |

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| 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 | G | | |
| ESBRIET ORAL CAPSULE 267 MG | FE | | pirfenidone |
| ESBRIET ORAL TABLET 267 MG, 801 MG | FE | | pirfenidone |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | S | PA; QL; LA | |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | S | PA; LA | |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | S | PA; QL; LA | |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML | FE | | icatibant |
| flunisolide nasal spray, non-aerosol 25 mcg (0.025 %) | G | ST; QL | |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | FE | | 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 | | ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION | FE | | ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER |
| fluticasone propionate nasal spray, suspension 50 mcg/actuation | G | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | FE | | 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 | G | QL | |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | FE | | breyna, budesonide-formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA |
| formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml | G | QL | |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | S | 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 | S | PA; ST; QL | |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | FE | | tiotropium bromide, SPIRIVA RESPIMAT, SPIRIVA |
| ipratropium bromide inhalation solution 0.02 % | G | | |
| ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml | G | QL | |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) | S | PA; ST; QL; LA | icatibant |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | S | PA; QL; LA | |
| KALYDECO ORAL TABLET 150 MG | S | PA; QL; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| LETAIRIS ORAL TABLET 10 MG, 5 MG | FE | | 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 | G | | |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | FE | | albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva) |
| LIQREV ORAL SUSPENSION 10 MG/ML | FE | | sildenafil citrate, tadalafil |
| mometasone nasal spray,non-aerosol 50 mcg/actuation | G | ST; QL | |
| montelukast oral granules in packet 4 mg | G | | |
| montelukast oral tablet 10 mg | G | | |
| montelukast oral tablet,chewable 4 mg, 5 mg | G | | |
| nebusal inhalation solution for nebulization 3 % | G | | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | NPB | | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | S | PA; QL; LA | |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | S | PA; QL; LA | |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | S | PA; QL; LA | |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | S | PA; QL | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | S | PA; QL; LA | |
| OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG | FE | | flunisolide, fluticasone propionate, mometasone furoate, XHANCE |
| OPSUMIT ORAL TABLET 10 MG | S | PA; ST; QL; LA | |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG | FE | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | S | PA; QL; LA | |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | S | PA; QL; LA | |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | S | PA; QL | TAKHZYRO |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML | FE | | formoterol fumarate |
| pirfenidone oral capsule 267 mg | S | PA; QL; LA | |
| pirfenidone oral tablet 267 mg, 801 mg | S | PA; QL; LA | |
| PIRFENIDONE ORAL TABLET 534 MG | FE | | pirfenidone, OFEV |
| PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION | FE | | 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 | | 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 | | 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 | | budesonide |
| pulmosal inhalation solution for nebulization 7 % | G | | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | S | PA; LA | |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION | FE | | flunisolide, fluticasone propionate, mometasone furoate, XHANCE |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION | PB | QL | |
| REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML | S | PA; LA | sildenafil citrate |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML | S | PA; ST; QL; LA | sildenafil citrate |
| REVATIO ORAL TABLET 20 MG | S | PA; ST; QL; LA | sildenafil citrate |
| roflumilast oral tablet 250 mcg | G | PA; QL | |
| roflumilast oral tablet 500 mcg | G | PA | |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT | S | 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 | S | PA; ST; QL; LA | |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | FE | | STRIVERDI RESPIMAT |
| sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml | S | PA; LA | |
| sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml | S | PA; ST; QL; LA | |
| sildenafil (pulm.hypertension) oral tablet 20 mg | S | PA; QL; LA | |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG | FE | | montelukast sodium |
| SINGULAIR ORAL TABLET 10 MG | FE | | montelukast sodium |
| SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG | FE | | montelukast sodium |
| SINUVA SINUS IMPLANT 1,350 MCG | S | | |
| sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 % | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| 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 | |
| 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) | S | PA; QL; LA | |
| tadalafil (pulm. hypertension) oral tablet 20 mg | S | PA; ST; QL; LA | |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | FE | | sildenafil citrate, tadalafil |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | S | PA; ST; QL; LA | |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | S | PA; QL; LA | |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | S | PA; ST; QL; LA | |
| terbutaline oral tablet 2.5 mg, 5 mg | G | | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) | S | PA; QL; LA | |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) | S | PA; QL; LA | |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | NPB | | theophylline anhydrous |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| theophylline oral elixir 80 mg/15 ml | G | | |
| theophylline oral solution 80 mg/15 ml | G | | |
| theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg | G | | |
| theophylline oral tablet extended release 24 hr 400 mg, 600 mg | G | | |
| TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % | FE | | |
| tiotropium bromide inhalation capsule, w/inhalation device 18 mcg | G | ST | |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | S | PA; ST; QL; LA | bosentan |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | S | 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) | S | PA; QL; LA | |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | S | PA; QL; LA | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION | FE | | 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 | S | PA; LA | |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | S | PA; LA | |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | S | PA; LA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|--|
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | S | PA; LA | |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML | S | PA; ST; LA | TYVASO |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | FE | | albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva) |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG | S | PA; LA | |
| wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | G | QL | |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | PB | ST; QL | |
| XOLAIR SUBCUTANEOUS AUTO- INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | S | PA; QL; LA | |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | S | PA; QL; LA | |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | S | PA; QL; LA | |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | FE | | 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 | G | | |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION | FE | | flunisolide, fluticasone propionate, mometasone furoate, XHANCE |
| zileuton oral tablet, er multiphase 12 hr 600 mg | G | ST | |
| ZYFLO ORAL TABLET 600 MG | NPB | ST | zileuton, montelukast sodium, zafirlukast |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|-----------|-----------------------|---|
| UROLOGICALS | | | |
| ANTICHOLINERGICS & ANTISPASMODICS | | | |
| darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg | G | | |
| DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG | FE | | tolterodine tartrate er |
| DETROL ORAL TABLET 2 MG | FE | | tolterodine tartrate |
| fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg | G | | |
| flavoxate oral tablet 100 mg | G | | |
| 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 |
| mirabegron oral tablet extended release 24 hr 25 mg, 50 mg | G | | |
| 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 | G | | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG | FE | | darifenacin er, fesoterodine fumarate er, oxybutynin chloride, tolterodine tartrate er, trospium chloride, MYRBETRIQ |
| oxybutynin chloride oral tablet 5 mg | G | | |
| oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg | G | | |

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| 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 | G | | |
| tolterodine oral capsule, extended release 24hr 2 mg, 4 mg | G | | |
| tolterodine oral tablet 1 mg, 2 mg | G | | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG | FE | | fesoterodine fumarate er |
| trospium oral capsule, extended release 24hr 60 mg | G | | |
| trospium oral tablet 20 mg | G | | |
| VESICARE LS ORAL SUSPENSION 1 MG/ML | FE | | oxybutynin chloride, MYRBETRIQ |
| VESICARE ORAL TABLET 10 MG, 5 MG | FE | | solifenacin succinate |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | | | |
| alfuzosin oral tablet extended release 24 hr 10 mg | G | | |
| AVODART ORAL CAPSULE 0.5 MG | FE | | dutasteride |
| CIALIS ORAL TABLET 5 MG | FE | | |
| dutasteride oral capsule 0.5 mg | G | ST | |
| dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg | G | ST | |
| ENTADFI ORAL CAPSULE 5-5 MG | FE | | finasteride, tadalafil |
| finasteride oral tablet 5 mg | G | | |
| 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 | | silodosin |
| silodosin oral capsule 4 mg, 8 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| tadalafil oral tablet 2.5 mg, 5 mg | G | | |
| tamsulosin oral capsule 0.4 mg | G | | |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG | FE | | alfuzosin hcl er |
| CHOLINERGIC STIMULANTS | | | |
| bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg | G | | |
| MISCELLANEOUS UROLOGICALS | | | |
| CIALIS ORAL TABLET 10 MG, 20 MG | FE | | tadalafil |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | S | | |
| ELMIRON ORAL CAPSULE 100 MG | PB | | |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML | NPB | | |
| 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 | G | | |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML | NPB | | oral citrate |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | S | PA | |
| potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) | G | | |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG | FE | | CYSTAGON |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG | FE | | CYSTAGON |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG- 980.4MG/30ML | PB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | FE | | |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | FE | | |
| sildenafil oral tablet 100 mg, 25 mg, 50 mg | G | | |
| sodium citrate-citric acid oral solution 490-640 mg/5 ml | G | | |
| tadalafil oral tablet 10 mg, 20 mg | G | | |
| 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 | G | | |
| URIBEL ORAL CAPSULE 118-10-40.8-36 MG | NPB | | uro-mp, uro-sp |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG | NPB | | |
| URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG | FE | | uro-mp, uro-sp |
| urimar-t oral tablet 120-10.8-0.12 mg | G | | |
| URNEVA ORAL CAPSULE 120-10.8-40.8 MG | FE | | uro-mp, uro-sp |
| uro-458 oral tablet 81-10.8-40.8 mg | G | | |
| 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 | G | | |
| uro-mp oral capsule 118-10-40.8-36 mg | G | | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | NPB | | methenamine mandelate |
| uro-sp oral capsule 118-10-40.8-36 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| uryl oral tablet 81.6-40.8-0.12 mg | G | | |
| vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | G | | |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG | FE | | sildenafil citrate |
| URINARY ANESTHETICS | | | |
| phenazopyridine oral tablet 100 mg, 200 mg | G | | |
| PYRIDIDIUM ORAL TABLET 100 MG, 200 MG | FE | | phenazopyridine hcl |
| VITAMINS, HEMATINICS & ELECTROLYTES | | | |
| ELECTROLYTES | | | |
| calcium acetate(phosphat bind) oral capsule 667 mg | G | | |
| calcium acetate(phosphat bind) oral tablet 667 mg | G | | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | NPB | | effer-k, klor-con-ef |
| effer-k oral tablet, effervescent 25 meq | G | | |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) | NPB | | |
| klor-con 10 oral tablet extended release 10 meq | G | | |
| klor-con 8 oral tablet extended release 8 meq | G | | |
| klor-con m10 oral tablet,er particles/crystals 10 meq | G | | |
| klor-con m15 oral tablet,er particles/crystals 15 meq | G | | |
| klor-con m20 oral tablet,er particles/crystals 20 meq | G | | |
| klor-con oral packet 20 meq | G | | |
| klor-con/ef oral tablet, effervescent 25 meq | G | | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | NPB | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| lugols oral solution 5 % | G | | |
| POKONZA ORAL PACKET 10 MEQ | FE | | potassium chloride |
| potassium chloride oral capsule, extended release 10 meq, 8 meq | G | | |
| potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml | G | | |
| potassium chloride oral packet 20 meq | G | | |
| potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq | G | | |
| potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq | G | | |
| strong iodine oral solution 5 % | G | | |
| MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES | | | |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | S | PA; LA | |
| VITAMINS & HEMATINICS | | | |
| AZESCO ORAL TABLET 13 MG IRON- 1 MG | FE | | m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus |
| b complex 1 (with folic acid) oral tablet 0.4 mg | G | ACA | |
| b complex-vitamin c-folic acid oral tablet 400 mcg | G | ACA | |
| balanced b-100 oral tablet 0.4 mg | G | 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, prenal pearl, prenaissance plus, westgel dha |
| bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg | G | | |
| b-complex with vitamin c oral tablet 400-500 mcg-mg | G | ACA | |
| cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit) | G | | |
| cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit) | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG | FE | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| classic prenatal oral tablet 28 mg iron- 800 mcg | G | ACA | |
| c-nate dha oral capsule 28 mg iron-1 mg -200 mg | G | | |
| complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg | G | | |
| DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG | FE | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG | FE | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG | FE | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| dialyvite 800 oral tablet 0.8 mg | G | ACA | |
| DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG | NPB | | complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha |
| ferocon oral capsule 110-0.5 mg | G | ACA | |
| fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml | G | 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) | G | ACA | |
| folic acid oral tablet 400 mcg, 800 mcg | G | ACA | |
| folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg | G | ACA | |
| foltabs 800 oral tablet 0.8-10-115 mg- mg-mcg | G | ACA | |
| full spectrum b-vitamin c oral tablet 0.8 mg | G | ACA | |
| kobee oral tablet 0.4 mg | G | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|--|
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG | NPB | | m-natal plus, prenatalabs 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) | G | ACA | |
| MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| m-natal plus oral tablet 27 mg iron- 1 mg | G | | |
| multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml | G | ACA | |
| multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg | G | ACA | |
| mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg | G | ACA | |
| mynatal oral capsule 65 mg iron- 1 mg | G | | |
| mynatal plus oral tablet 65 mg iron- 1 mg | G | | |
| mynatal-z oral tablet 65 mg iron- 1 mg | G | | |
| NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE | FE | | 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 |
| 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| 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, prenatabs rx, prenatal plus, se-natal 19, westab plus |
| newgen oral tablet 32-1,000 mg-mcg | G | | |
| 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, prenatabs 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 | G | ACA | |
| PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG | FE | | m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus |
| pnv-select oral tablet 27-1 mg | G | | |
| pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg | G | | |
| pr natal 400 oral combo pack 29-1-400 mg | G | | |
| pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg | G | | |
| pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg | G | | |
| PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG | FE | | complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha |
| PREGENNA ORAL TABLET 20 MG IRON- 1 MG | FE | | m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| prenal chew oral tablet, chew, ir - dr, biphase 1.4 mg | G | | |
| prenal pearl oral capsule, ir - delay rel, biphase 30-1.4-200 mg | G | | |
| prenal true oral combo pack 30 mg iron- 1.4 mg-300 mg | G | | |
| PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| prenatabs fa oral tablet 29-1 mg | G | | |
| prenatabs rx oral tablet 29 mg iron- 1 mg | G | | |
| prenatal complete oral tablet 14 mg iron- 400 mcg | G | ACA | |
| prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg | G | ACA | |
| prenatal multivitamins oral tablet 28 mg iron- 800 mcg | G | ACA | |
| prenatal one daily oral tablet 27 mg iron- 800 mcg | G | ACA | |
| prenatal oral tablet 28 mg iron- 800 mcg | G | ACA | |
| prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg | G | | |
| 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 | G | | |
| PRENATAL PLUS VITAMIN- MINERAL ORAL TABLET 27 MG IRON- 1 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg | G | ACA | |
| prenatal vitamin oral tablet 27 mg iron- 0.8 mg | G | ACA | |
| prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg | G | 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 |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|--|------------------|------------------------------|---|
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG | NPB | | m-natal plus, prenatalabs 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, prenatalabs 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 |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| rena-vite oral tablet 0.8 mg | G | 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, prenatalabs 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, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg | G | | |
| se-natal-19 oral tablet 29 mg iron- 1 mg | G | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron | G | ACA | |
| stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron | G | ACA | |
| super b maxi complex oral tablet 0.4 mg | G | ACA | |
| super b-50 complex oral capsule 400 mcg-20 mg- 50 mg | G | ACA | |
| super quints oral tablet 0.4 mg | G | ACA | |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | NPB | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| tricon oral capsule 110-0.5 mg | G | ACA | |
| trinatal rx 1 oral tablet 60 mg iron-1 mg | G | | |
| trinate oral tablet 28 mg iron- 1 mg | G | | |
| TRINAZ ORAL TABLET 12-1 MG | FE | | |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG | NPB | | complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha |
| tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml | G | ACA | |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG | NPB | | complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG | NPB | | complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha |
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG | NPB | | complete natal dha, pnv-dha, prenatal 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, prenatal pearl, prenaissance plus, westgel dha |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|------------------|------------------------------|---|
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG | NPB | | complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG | NPB | | complete natal dha, pnv-dha, prenatal 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 | G | ACA | |
| vitamin d3 oral tablet 10 mcg (400 unit) | G | | |
| vitamin d3 oral tablet,chewable 25 mcg (1,000 unit) | G | | |
| vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml | G | ACA | |
| 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 | G | | |
| wesnate dha oral capsule 28 mg iron-1 mg -200 mg | G | | |
| westab plus oral tablet 27 mg iron- 1 mg | G | | |
| westgel dha oral capsule 31 mg iron- 1 mg-200 mg | G | | |
| ZALVIT ORAL TABLET 13 MG IRON- 1 MG | FE | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |
| ZIPHEX ORAL TABLET 13 MG IRON- 1 MG | FE | | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus |

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