FORMULARY

LIST OF COVERED DRUGS

VIVA HEALTH®

This formulary was updated on 7/1/2025. If you have question or need additional information, please contact VIVA HEALTH at 1-860-294 7780, Monday - Friday, 8 a.m. - 5 p.m.

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

Table of Contents

ANTI - INFECTIVES 3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS 30
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH 57
AUTONOMIC & CNS DRUGS, NEUROLOGY 108
CARDIOVASCULAR, HYPERTENSION & LIPIDS 110
DERMATOLOGICALS/TOPICAL THERAPY 138
DIAGNOSTICS & MISCELLANEOUS AGENTS 178
EAR, NOSE & THROAT MEDICATIONS 185
ENDOCRINE/DIABETES 188
GASTROENTEROLOGY 208
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY 224
MUSCULOSKELETAL & RHEUMATOLOGY 237
OBSTETRICS & GYNECOLOGY 251
OPHTHALMOLOGY 267
RESPIRATORY, ALLERGY, COUGH & COLD 280
UROLOGICALS 295
VITAMINS, HEMATINICS & ELECTROLYTES 299
Index 309

List of Abbreviations

FE: Formulary Exclusion. Requires exception for approval

NPB: Non-Preferred Brand

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

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

PB: Preferred Brand

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

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

ACA: Affordable Care Act.

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

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

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

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

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

List of Patterns

lowercase: Generic drugs

UPPERCASE: Brand name drugs

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fluconazole oral tablet 150 mg	PG	QL	
flucytosine oral capsule 250 mg, 500 mg	PG	PA	
griseofulvin microsize oral suspension 125 mg/5 ml	PG		
griseofulvin microsize oral tablet 500 mg	PG		
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	PG		
itraconazole oral capsule 100 mg	PG	QL	
itraconazole oral solution 10 mg/ml	PG	QL	
ketoconazole oral tablet 200 mg	PG		
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML	NPB		
micafungin intravenous recon soln 100 mg, 50 mg	PG		
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	PG		
nystatin oral tablet 500,000 unit	PG		
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	NPB		nystatin, clotrimazole
posaconazole intravenous solution 300 mg/16.7 ml	PG	PA	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	PG	PA	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	PG	PA	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	NPB		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SPORANOX ORAL CAPSULE 100 MG	NPB	QL	itraconazole
terbinafine hcl oral tablet 250 mg	PG		
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 50 MG	NPB	PA	voriconazole
VIVJOA ORAL CAPSULE 150 MG	NPS	PA; QL	fluconazole
voriconazole intravenous recon soln 200 mg	PG	PA	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	PG	PA	
voriconazole oral tablet 200 mg, 50 mg	PG	PA	
ANTIVIRALS			
abacavir oral solution 20 mg/ml	PG		
abacavir oral tablet 300 mg	PG		
abacavir-lamivudine oral tablet 600-300 mg	PG		
ACYCLOVIR IN 0.9 % SODIUM CHLR INTRAVENOUS PIGGYBACK 200 MG/100 ML	NPB		
acyclovir oral capsule 200 mg	PG		
acyclovir oral suspension 200 mg/5 ml	PG		
acyclovir oral tablet 400 mg, 800 mg	PG		
acyclovir sodium intravenous solution 50 mg/ml	PG		
adefovir oral tablet 10 mg	PG		
amantadine hcl oral capsule 100 mg	PG		
amantadine hcl oral solution 50 mg/5 ml	PG		
amantadine hcl oral tablet 100 mg	PG		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	PS	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
APTIVUS ORAL CAPSULE 250 MG	PB		
atazanavir oral capsule 150 mg, 200 mg, 300 mg	PG		
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	PS	PA; QL	
cidofovir intravenous solution 75 mg/ml	PG		
CIMDUO ORAL TABLET 300-300 MG	PB		
COMPLERA ORAL TABLET 200-25-300 MG	FE		ODEFSEY
darunavir oral tablet 600 mg, 800 mg	PG		
DELSTRIGO ORAL TABLET 100-300-300 MG	FE		BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
DESCOVY ORAL TABLET 120-15 MG	PB		
DESCOVY ORAL TABLET 200-25 MG	PB	ACA	
DOVATO ORAL TABLET 50-300 MG	PB		
EDURANT ORAL TABLET 25 MG	PB		
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	NPB		
efavirenz oral tablet 600 mg	PG		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	PG		
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	PG		
emtricitabine oral capsule 200 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	PG		
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	PG	ACA	
EMTRIVA ORAL CAPSULE 200 MG	NPB		emtricitabine
EMTRIVA ORAL SOLUTION 10 MG/ML	PB		
entecavir oral tablet 0.5 mg, 1 mg	PG		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	PS	PA; QL; LA	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	PS	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	PG		
EVOTAZ ORAL TABLET 300-150 MG	NPB		atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PG	QL	
FLUMADINE ORAL TABLET 100 MG	NPB		rimantadine hcl
fosamprenavir oral tablet 700 mg	PG		
foscarnet intravenous solution 24 mg/ml	PG		
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	NPB		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	PB	QL	
ganciclovir sodium intravenous recon soln 500 mg	PG		
ganciclovir sodium intravenous solution 50 mg/ml	PG		
GENVOYA ORAL TABLET 150-150-200-10 MG	PB		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	PS	PA; QL; LA	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	PS	PA; QL; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INTELENCE ORAL TABLET 100 MG, 200 MG	NPB		etravirine
INTELENCE ORAL TABLET 25 MG	PB		
ISENTRESS HD ORAL TABLET 600 MG	PB		
ISENTRESS ORAL POWDER IN PACKET 100 MG	PB		
ISENTRESS ORAL TABLET 400 MG	PB		
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	PB		
JULUCA ORAL TABLET 50-25 MG	PB		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	NPB		lopinavir-ritonavir
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	NPB		lopinavir-ritonavir
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	PB	QL	
lamivudine oral solution 10 mg/ml	PG		
lamivudine oral tablet 100 mg, 150 mg, 300 mg	PG		
lamivudine-zidovudine oral tablet 150-300 mg	PG		
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	FE		HARVONI
LIVTENCITY ORAL TABLET 200 MG	NPB	PA; QL	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	PG		
maraviroc oral tablet 150 mg, 300 mg	PG		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	FE		EPCLUSA, HARVONI, VOSEVI, ZEPATIER
MAVYRET ORAL TABLET 100-40 MG	FE		EPCLUSA, HARVONI, VOSEVI, ZEPATIER
nevirapine oral suspension 50 mg/5 ml	PG		
nevirapine oral tablet 200 mg	PG		
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NORVIR ORAL POWDER IN PACKET 100 MG	PB		
NORVIR ORAL TABLET 100 MG	NPB		ritonavir
ODEFSEY ORAL TABLET 200-25-25 MG	PB		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	PG	QL	
oseltamivir oral suspension for reconstitution 6 mg/ml	PG	QL	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	PB	QL	
PIFELTRO ORAL TABLET 100 MG	FE		efavirenz, efavirenz-emtric-tenofov disop, EDURANT
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	PB		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	PB		
PREVYMIS ORAL TABLET 240 MG, 480 MG	PB	QL	
PREZCOBIX ORAL TABLET 800-150 MG-MG	FE		atazanavir sulfate, darunavir, fosamprenavir calcium, lopinavir-ritonavir, ritonavir, PREZISTA
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
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	PB		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RETROVIR ORAL CAPSULE 100 MG	NPB		zidovudine
RETROVIR ORAL SYRUP 10 MG/ML	NPB		zidovudine
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NPB		atazanavir sulfate
REYATAZ ORAL POWDER IN PACKET 50 MG	PB		
ribavirin inhalation recon soln 6 gram	PG		
ribavirin oral capsule 200 mg	PS	ST; LA	
ribavirin oral tablet 200 mg	PS	ST; LA	
rimantadine oral tablet 100 mg	PG		
ritonavir oral tablet 100 mg	PG		
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
STRIBILD ORAL TABLET 150-150-200-300 MG	FE		BIKTARVY, GENVOYA
SUNLENCA ORAL TABLET 300 MG	NPS	PA	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	NPS	PA	
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	PS	PA; LA	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	NPB	QL	oseltamivir phosphate

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	NPB	QL	oseltamivir phosphate
TEMBEXA ORAL SUSPENSION 10 MG/ML	NPB		
TEMBEXA ORAL TABLET 100 MG	NPB		
tenofovir disoproxil fumarate oral tablet 300 mg	PG		
TIVICAY ORAL TABLET 50 MG	PB		
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	PB		
TRIUMEQ ORAL TABLET 600-50-300 MG	PB		
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	PB		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	PS	PA	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	FE		emtricitabine-tenofovir disop
TYBOST ORAL TABLET 150 MG	NPB		ritonavir, NORVIR
valacyclovir oral tablet 1 gram, 500 mg	PG	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	PG		
valganciclovir oral tablet 450 mg	PG		
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		
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	PB		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIREAD ORAL TABLET 300 MG	NPB		tenofovir disoproxil fumarate
VOSEVI ORAL TABLET 400-100-100 MG	PS	PA; QL; LA	
XOFLUZA ORAL TABLET 40 MG, 80 MG	NPB	QL	oseltamivir phosphate
ZEPATIER ORAL TABLET 50-100 MG	PS	PA; QL; LA	
ZIAGEN ORAL SOLUTION 20 MG/ML	NPB		abacavir
zidovudine oral capsule 100 mg	PG		
zidovudine oral syrup 10 mg/ml	PG		
zidovudine oral tablet 300 mg	PG		
CEPHALOSPORINS			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	PB	ST	
cefaclor oral capsule 250 mg, 500 mg	PG		
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	PG		
cefaclor oral tablet extended release 12 hr 500 mg	PG		
cefadroxil oral capsule 500 mg	PG		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	PG		
cefadroxil oral tablet 1 gram	PG		
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	PG	ST	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	PG	ST	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	NPB	ST	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	PG	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML	NPB	ST	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg	PG	ST	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	NPB	ST	
cefazolin intravenous recon soln 1 gram	PG	ST	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	NPB	ST	
cefdinir oral capsule 300 mg	PG		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	NPB	ST	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	PG	ST	
cefepime injection recon soln 1 gram, 2 gram	PG	ST	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	NPB	ST	
cefixime oral capsule 400 mg	PG		
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	PG		
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	NPB	ST	
cefotaxime injection recon soln 1 gram, 2 gram	PG	ST	
cefotetan injection recon soln 1 gram, 2 gram	PG	ST	
cefotetan intravenous recon soln 10 gram	PG	ST	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	PG	ST	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	PG		
cefpodoxime oral tablet 100 mg, 200 mg	PG		
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
cefprozil oral tablet 250 mg, 500 mg	PG		
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	PG	ST	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	PG	ST	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	PG	ST	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	NPB	ST	
ceftriaxone intravenous recon soln 1 gram, 2 gram	PG	ST	
cefuroxime axetil oral tablet 250 mg, 500 mg	PG		
cefuroxime sodium injection recon soln 750 mg	PG	ST	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	PG	ST	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PG		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
cephalexin oral tablet 250 mg, 500 mg	PG		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	NPB	ST	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	PG	ST	
tazicef intravenous recon soln 1 gram, 2 gram	PG	ST	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	PB	ST	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	PB	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	NPB	ST	
ERYTHROMYCINS & OTHER MACROLIDES			
azithromycin intravenous recon soln 500 mg	PG	ST	
azithromycin oral packet 1 gram	PG		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	PG		
azithromycin oral tablet 250 mg, 500 mg, 600 mg	PG		
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PG		
clarithromycin oral tablet 250 mg, 500 mg	PG		
clarithromycin oral tablet extended release 24 hr 500 mg	PG		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	NPB	QL	vancomycin hcl
DIFICID ORAL TABLET 200 MG	NPB	QL	vancomycin hcl
e.e.s. 400 oral tablet 400 mg	PG		
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		erythromycin ethylsuccinate
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NPB		erythromycin ethylsuccinate
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	NPB		erythromycin ethylsuccinate
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	PG		
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	NPB		
erythrocin (as stearate) oral tablet 250 mg	PG		
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	PB	ST	erythromycin lactobionate

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	PG		
erythromycin ethylsuccinate oral tablet 400 mg	PG		
erythromycin lactobionate intravenous recon soln 500 mg	PG	ST	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	PG		
erythromycin oral tablet 250 mg, 500 mg	PG		
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	PG		
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	NPB	ST	azithromycin
ZITHROMAX ORAL PACKET 1 GRAM	NPB		azithromycin
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			
albendazole oral tablet 200 mg	PG	QL	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	PB	QL	
ALINIA ORAL TABLET 500 MG	FE		nitazoxanide
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	PG	ST	
ARAKODA ORAL TABLET 100 MG	NPB	QL	atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl, primaquine generic

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PS	PA	
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	NPB		
atovaquone oral suspension 750 mg/5 ml	PG		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	PG	QL	
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	NPB	ST	aztreonam
aztreonam injection recon soln 1 gram, 2 gram	PG	ST	
bacitracin intramuscular recon soln 50,000 unit	PG		
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	PB	QL	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	NPS	PA; QL; LA	tobramycin sulfate
BILTRICIDE ORAL TABLET 600 MG	NPB		praziquantel
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PS	PA; QL; LA	
chloramphenicol sod succinate intravenous recon soln 1 gram	PG		
chloroquine phosphate oral tablet 250 mg, 500 mg	PG		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	NPB		clindamycin hcl
CLEOCIN INJECTION SOLUTION 150 MG/ML	NPB	ST	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	NPB		clindamycin palmitate hcl
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	PG		
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	NPB	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	PG	ST	
clindamycin pediatric oral recon soln 75 mg/5 ml	PG		
clindamycin phosphate injection solution 150 mg/ml	PG	ST	
COARTEM ORAL TABLET 20-120 MG	PB	QL	
colistin (colistimethate na) injection recon soln 150 mg	PG	ST	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	NPB	ST	colistimethate sodium
cycloserine oral capsule 250 mg	PG		
DALVANCE INTRAVENOUS SOLUTION 500 MG	PB	ST	
dapsone oral tablet 100 mg, 25 mg	PG		
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	NPB	ST	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	NPB	ST	
daptomycin intravenous recon soln 500 mg	PG	ST	
DARAPRIM ORAL TABLET 25 MG	NPS		pyrimethamine
EMVERM ORAL TABLET,CHEWABLE 100 MG	PB	QL	
ertapenem injection recon soln 1 gram	PG	ST	
ethambutol oral tablet 100 mg, 400 mg	PG		
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	PG	ST	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	PB	ST	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	NPB	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
gentamicin injection solution 40 mg/ml	PG	ST	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	PG	ST	
HUMATIN ORAL CAPSULE 250 MG	NPS	LA	
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PG		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	PG	ST	
IMPAVIDO ORAL CAPSULE 50 MG	PB	PA; QL	
isoniazid injection solution 100 mg/ml	PG		
isoniazid oral solution 50 mg/5 ml	PG		
isoniazid oral tablet 100 mg, 300 mg	PG		
ivermectin oral tablet 3 mg, 6 mg	PG	PA; QL	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	NPB	ST	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	PS	PA; 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
LINCOCIN INJECTION SOLUTION 300 MG/ML	NPB	ST	clindamycin phosphate
lincomycin injection solution 300 mg/ml	PG	ST	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	PG	ST	
linezolid oral suspension for reconstitution 100 mg/5 ml	PG		
linezolid oral tablet 600 mg	PG		
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	PG	ST	
MALARONE ORAL TABLET 250-100 MG	NPB	QL	atovaquone-proguanil hcl
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	NPB	QL	atovaquone-proguanil hcl

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mefloquine oral tablet 250 mg	PG	QL	
MEPRON ORAL SUSPENSION 750 MG/5 ML	NPB		atovaquone
meropenem intravenous recon soln 1 gram, 500 mg	PG	ST	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	NPB	ST	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	PB	ST	
metro i.v. intravenous piggyback 500 mg/100 ml	PG	ST	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	PG	ST	
metronidazole oral capsule 375 mg	PG		
METRONIDAZOLE ORAL TABLET 125 MG	FE		metronidazole
metronidazole oral tablet 250 mg, 500 mg	PG		
NEBUPENT INHALATION RECON SOLN 300 MG	NPB	QL	pentamidine isethionate
neomycin oral tablet 500 mg	PG		
nitazoxanide oral tablet 500 mg	PG	QL	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	PB	ST	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	NPB		
PENTAM INJECTION RECON SOLN 300 MG	NPB		pentamidine isethionate
pentamidine inhalation recon soln 300 mg	PG	QL	
pentamidine injection recon soln 300 mg	PG		
PLAQUENIL ORAL TABLET 200 MG	FE		hydroxychloroquine sulfate
polymyxin b sulfate injection recon soln 500,000 unit	PG	ST	
praziquantel oral tablet 600 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRETOMANID ORAL TABLET 200 MG	NPB		
PRIFTIN ORAL TABLET 150 MG	PB		
primaquine oral tablet 26.3 mg (15 mg base)	PG	QL	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	NPB	ST	imipenem-cilastatin sodium
pyrazinamide oral tablet 500 mg	PG		
pyrimethamine oral tablet 25 mg	PG		
QUALAQUIN ORAL CAPSULE 324 MG	NPB	QL	quinine sulfate
quinine sulfate oral capsule 324 mg	PG	QL	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	NPB		
rifabutin oral capsule 150 mg	PG		
RIFADIN INTRAVENOUS RECON SOLN 600 MG	NPB		rifampin
rifampin intravenous recon soln 600 mg	PG		
rifampin oral capsule 150 mg, 300 mg	PG		
SIRTURO ORAL TABLET 100 MG, 20 MG	PB		
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	NPB	ST	
SIVEXTRO ORAL TABLET 200 MG	FE		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	
STROMECTOL ORAL TABLET 3 MG	NPB	PA; QL	ivermectin
tigecycline intravenous recon soln 50 mg	PG	ST	
tinidazole oral tablet 250 mg, 500 mg	PG	QL	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	FE		tobramycin sulfate
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PS	PA; QL; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	PS	PA; QL; LA	
tobramycin inhalation solution for nebulization 300 mg/4 ml	PS	PA; QL; LA	
tobramycin sulfate injection recon soln 1.2 gram	PG	ST	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	PG	ST	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NPS	PA; QL; LA	tobramycin sulfate, TOBI PODHALER
TRECATOR 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		
XENLETA ORAL TABLET 600 MG	NPB		azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir
XIFAXAN ORAL TABLET 200 MG, 550 MG	PB	QL	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NPB	ST	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	NPB	ST	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	NPB		linezolid
ZYVOX ORAL TABLET 600 MG	NPB		linezolid
PENICILLINS			
amoxicillin oral capsule 250 mg, 500 mg	PG		

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	NPB		
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	NPB		
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	NPB		amoxicillin
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	PG	ST	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	PG	ST	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	PG	ST	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	PG	ST	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	PB	ST	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	PG	ST	
penicillin g sodium injection recon soln 5 million unit	PG	ST	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	PG		
penicillin v potassium oral tablet 250 mg, 500 mg	PG		
pfizerpen-g injection recon soln 20 million unit, 5 million unit	PG	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	PG	ST	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	NPB	ST	ampicillin/sulbactam
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	PB	ST	
QUINOLONES			
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	NPB	ST	moxifloxacin hcl
BAXDELA INTRAVENOUS RECON SOLN 300 MG	PB	ST	
BAXDELA ORAL TABLET 450 MG	PB	QL	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	NPB		ciprofloxacin
CIPRO ORAL TABLET 250 MG, 500 MG	NPB		ciprofloxacin hcl
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	PG		
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	PG	ST	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	PG		
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	PG	ST	
levofloxacin intravenous solution 25 mg/ml	PG	ST	
levofloxacin oral solution 250 mg/10 ml	PG		
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	PG		
moxifloxacin oral tablet 400 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	PB	ST	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	PG	ST	
ofloxacin oral tablet 300 mg, 400 mg	PG		
SULFA'S & RELATED AGENTS			
BACTRIM DS ORAL TABLET 800-160 MG	NPB		sulfamethoxazole-trimethoprim
BACTRIM ORAL TABLET 400-80 MG	NPB		sulfamethoxazole-trimethoprim
sulfadiazine oral tablet 500 mg	PG		
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	PG	ST	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	PG		
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	PG		
sulfatrim oral suspension 200-40 mg/5 ml	PG		
TETRACYCLINES			
AVIDOXY DK KIT 100 MG-2 % -SPF 30	NPB	ST	doxycycline monohydrate
avidoxy oral tablet 100 mg	PG		
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	FE		
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	FE		
demeclocycline oral tablet 150 mg, 300 mg	PG		
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	PG	ST	
doxycycline hyclate intravenous recon soln 100 mg	PG	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
doxycycline hyclate oral capsule 100 mg, 50 mg	PG		
doxycycline hyclate oral tablet 100 mg, 20 mg	PG		
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	PG	ST	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg	PB	ST	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg	PG	ST	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	FE		doxycycline hyclate, doxycycline monohydrate
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	PG		
doxycycline monohydrate oral capsule 150 mg	PG	ST	
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	PG	ST	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	PG		
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	PG		
EMROSI ORAL CAPSULE,IR - EXTEND REL,BIPHASE 40 MG	FE		azelaic acid, ivermectin, metronidazole, minocycline hcl
MINOCIN INTRAVENOUS RECON SOLN 100 MG	PB	ST	
minocycline oral capsule 100 mg, 50 mg, 75 mg	PG		
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	FE		minocycline hcl er
minocycline oral tablet 100 mg, 50 mg, 75 mg	PG		
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	PG	ST	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mondoxyne nl oral capsule 100 mg, 75 mg	PG		
MORGIDOX 1X 50 KIT 50 MG	NPB	ST	doxycycline hyclate
MORGIDOX 1X100 KIT 100 MG	NPB	ST	doxycycline hyclate
NUZYRA INTRAVENOUS RECON SOLN 100 MG	NPB	ST	
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
TARGADOX ORAL TABLET 50 MG	NPB	ST	doxycycline hyclate
tetracycline oral capsule 250 mg, 500 mg	PG		
tetracycline oral tablet 250 mg, 500 mg	PG	ST	
XERAVA 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	PG		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	NPB		nitrofurantoin
MACROBID ORAL CAPSULE 100 MG	NPB		nitrofurantoin mono-macro
methenamine hippurate oral tablet 1 gram	PG		
methenamine mandelate oral tablet 0.5 gram, 1 gram	PG		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	PG		
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	PG		
nitrofurantoin oral suspension 25 mg/5 ml	PG		

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	PG	QL	
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	NPB	ST	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	PB	ST	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	PS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PG		
MESNEX ORAL TABLET 400 MG	PB		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	PS	PA	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	FE		
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PS	PA; LA	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 510X10EXP6 CELL	NPS	PA	
abiraterone oral tablet 250 mg, 500 mg	PS	PA; LA	
abirtega oral tablet 250 mg	PS	PA; LA	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS	LA	paclitaxel protein-bound

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	PS		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	PS	PA; LA	
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	NPB		
adrucil intravenous solution 2.5 gram/50 ml	PG		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	FE		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	PS	PA; LA	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	NPB		pemetrexed disodium
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	PS	PA	
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	NPB		melphalan hcl
ALKERAN ORAL TABLET 2 MG	NPB		melphalan hcl
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	PS	PA	
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	PS	PA	
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	PS	PA	
anastrozole oral tablet 1 mg	PG		
ARIMIDEX ORAL TABLET 1 MG	FE		anastrozole
AROMASIN ORAL TABLET 25 MG	NPB		exemestane
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	NPS	LA	nelarabine

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	PG	PA	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	NPS	PA	ONCASPAR
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	NPB	ST	tacrolimus
AUCATZYL INTRAVENOUS SUSPENSION	NPS	PA	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	NPS	PA; LA	ROZLYTREK, VITRAKVI
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	FE		
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	FE		pemetrexed disodium
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	NPS	PA	
azacitidine injection recon soln 100 mg	PS	LA	
AZASAN ORAL TABLET 100 MG, 75 MG	NPB		azathioprine
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG		
azathioprine sodium injection recon soln 100 mg	PG		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	PS	PA	
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	PS	PA	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	NPS	PA	ISTODAX, FOLOTYN
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	bendamustine hcl, BENDEKA
bendamustine intravenous recon soln 100 mg, 25 mg	PS	PA	
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA	bendamustine hcl, BENDEKA

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	PS	PA; LA	
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	PS	PA; LA	
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	PG		
bexarotene oral capsule 75 mg	PS	LA	
bexarotene topical gel 1 %	PS	LA	
bicalutamide oral tablet 50 mg	PG		
BICNU INTRAVENOUS RECON SOLN 100 MG	NPB	PA	carmustine
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	PS	PA	
bleomycin injection recon soln 15 unit, 30 unit	PG		
BLINCYTO INTRAVENOUS KIT 35 MCG	PS	PA	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	PS	PA; LA	
bortezomib injection recon soln 3.5 mg	PS	PA; LA	
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	PS	PA	
BORUZU INJECTION SOLUTION 2.5 MG/ML	FE		bortezomib
BOSULIF ORAL CAPSULE 100 MG, 50 MG	PS	PA; LA	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	PS	PA; LA	
BRAFTOVI ORAL CAPSULE 75 MG	PS	PA; LA	
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	NPS	PA	
BRUKINSA ORAL CAPSULE 80 MG	PS	PA	
busulfan intravenous solution 60 mg/10 ml	PG		
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	NPB		busulfan

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	PS	PA; LA	
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PS	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	PS	LA	
CAPRELSA ORAL TABLET 100 MG, 300 MG	PS	PA	
carboplatin intravenous recon soln 150 mg	PG		
carboplatin intravenous solution 10 mg/ml	PG		
carmustine intravenous recon soln 100 mg	PG	PA	
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG	NPB	PA	
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	PS	PA	
CASODEX ORAL TABLET 50 MG	NPB		bicalutamide
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	NPB		mycophenolate mofetil
CELLCEPT ORAL CAPSULE 250 MG	NPB		mycophenolate mofetil
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	NPB		mycophenolate mofetil
CELLCEPT ORAL TABLET 500 MG	NPB		mycophenolate mofetil
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	NPB		
cisplatin intravenous solution 1 mg/ml	PG		
cladribine intravenous solution 10 mg/10 ml	PG		
clofarabine intravenous solution 1 mg/ml	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	FE		
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)	PS	PA; LA	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	NPS	PA	BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
COSELA INTRAVENOUS RECON SOLN 300 MG	NPS	PA	
COTELLIC ORAL TABLET 20 MG	PS	PA; LA	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	PG		
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML, 500 MG/ML	NPB		
cyclophosphamide oral capsule 25 mg, 50 mg	PG		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	NPB		cyclophosphamide
cyclosporine intravenous solution 250 mg/5 ml	PG		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	PG		
cyclosporine modified oral solution 100 mg/ml	PG		
cyclosporine oral capsule 100 mg, 25 mg	PG		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	PS	PA; LA	
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	PG		
cytarabine injection solution 20 mg/ml	PG		
dacarbazine intravenous recon soln 100 mg, 200 mg	PG		
dactinomycin intravenous recon soln 0.5 mg	PG		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	NPS	PA	UNITUXIN

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DANZITEN ORAL TABLET 71 MG, 95 MG	PS	PA	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	NPS	PA; LA	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	PS	PA; LA	
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	PS	LA	
DATROWAY INTRAVENOUS RECON SOLN 100 MG	NPS	PA	
daunorubicin intravenous solution 5 mg/ml	PG		
DAURISMO ORAL TABLET 100 MG, 25 MG	NPS	PA; LA	azacitidine, cytarabine, decitabine, VENCLEXTA
decitabine intravenous recon soln 50 mg	PS	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)	PG		
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		docetaxel
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	NPB		doxorubicin hcl liposomal
doxorubicin intravenous recon soln 10 mg, 50 mg	PG		
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	PG		
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	PG		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	PB		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	NPS	PA	carboplatin, cyclophosphamide, etoposide, paclitaxel, LYNPARZA, ZIRABEV

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PS	PA; LA	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PS	PA; LA	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PS	PA; LA	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PS	PA; LA	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	NPB		epirubicin hcl
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	NPS	PA	bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	PS	PA	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	NPS	PA; LA	bortezomib, DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	FE		
ENHERTU INTRAVENOUS RECON SOLN 100 MG	NPS	PA; LA	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PS	LA	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	FE		tacrolimus
epirubicin intravenous solution 200 mg/100 ml	PG		
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	FE		LUNSUMIO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	PS	PA; LA	
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	PS	PA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ERIVEDGE ORAL CAPSULE 150 MG	PS	PA; LA	
ERLEADA ORAL TABLET 240 MG, 60 MG	PS	PA; LA	
erlotinib oral tablet 100 mg, 150 mg, 25 mg	PS	PA; LA	
ERWINASE INJECTION RECON SOLN 10,000 UNIT	NPS		
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	PB		
etoposide intravenous solution 20 mg/ml	PG		
etoposide oral capsule 50 mg	PG		
EULEXIN ORAL CAPSULE 125 MG	NPB		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PS	PA; LA	
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	PS	PA; LA	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	PG		
EVOMELA INTRAVENOUS RECON SOLN 50 MG	NPS		melphalan hcl
exemestane oral tablet 25 mg	PG		
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	PS	PA; LA	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	PS	PA; LA	
floxuridine injection recon soln 0.5 gram	PG		
fludarabine intravenous recon soln 50 mg	PG		
fludarabine intravenous solution 50 mg/2 ml	PG		
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	PS	PA; LA	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	FE		CABOMETYX, INLYTA, LENVIMA
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	NPB		cyclophosphamide
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	PS	PA	
fulvestrant intramuscular syringe 250 mg/5 ml	PG	PA	
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	NPS	PA	
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	PS	PA	
GAVRETO ORAL CAPSULE 100 MG	PS	PA	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	PS	PA; LA	
gefitinib oral tablet 250 mg	PS	PA; LA	
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	PG		
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	PG		
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	NPB		
gengraf oral capsule 100 mg, 25 mg	PG		
gengraf oral solution 100 mg/ml	PG		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PS	PA; LA	
GLEEVEC ORAL TABLET 100 MG, 400 MG	FE		imatinib mesylate
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	PB		
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	PS	PA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	PS	PA	
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	FE		busulfan, cyclophosphamide, etoposide, fludarabine phosphate
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	PS	PA; LA	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	NPS		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	FE		KANJINTI, TRAZIMERA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	FE		KANJINTI, TRAZIMERA
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		KANJINTI, TRAZIMERA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		KANJINTI, TRAZIMERA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	PS	PA; LA	
HYDREA ORAL CAPSULE 500 MG	NPB		hydroxyurea
hydroxyurea oral capsule 500 mg	PG		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PS	PA; LA	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PS	PA; LA	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PS	PA	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	NPB		idarubicin hcl
idarubicin intravenous solution 1 mg/ml	PG		
IDHIFA ORAL TABLET 100 MG, 50 MG	PS	PA; LA	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	NPB		ifosfamide
ifosfamide intravenous recon soln 1 gram, 3 gram	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	PG		
imatinib oral tablet 100 mg, 400 mg	PS	LA	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	PS	PA	
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PS	PA	
IMBRUVICA ORAL TABLET 140 MG, 280 MG	PS		
IMBRUVICA ORAL TABLET 420 MG	PS	PA	
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	NPS	PA	
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	PS	PA; LA	
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
IMKELDI ORAL SOLUTION 80 MG/ML	PS		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	NPS	PA	KEYTRUDA, MEKINIST, OPDIVO, TAFINLAR, YERVOY, ZELBORAF
IMURAN ORAL TABLET 50 MG	NPB		azathioprine
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	NPB		gemcitabine hcl
INLYTA ORAL TABLET 1 MG, 5 MG	PS	PA; LA	
INQOVI ORAL TABLET 35-100 MG	FE		decitabine
INREBIC ORAL CAPSULE 100 MG	FE		JAKAFI
IRESSA ORAL TABLET 250 MG	NPS	PA; LA	gefitinib

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	PG		
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	PS	PA; LA	
ITOVEBI ORAL TABLET 3 MG, 9 MG	FE		
IVRA INTRAVENOUS SOLUTION 90 MG/ML	FE		melphalan hcl
IWILFIN ORAL TABLET 192 MG	PS	PA	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	PS	PA; LA	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PS	PA; LA	
JAYPIRCA ORAL TABLET 100 MG, 50 MG	FE		BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	NPS	PA	
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	KEYTRUDA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	PS	PA; LA	
JYLAMVO ORAL SOLUTION 2 MG/ML	FE		methotrexate
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	PS	PA; LA	
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PS	PA; LA	
kemoplat intravenous solution 1 mg/ml	PG		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PS	PA	
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	PS	PA	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	PS	PA; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	FE		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	NPS	PA	GOMEKLI
KRAZATI ORAL TABLET 200 MG	FE		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	PS	PA	
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	PS	PA	
lanreotide subcutaneous syringe 120 mg/0.5 ml	PS	PA; QL	
lapatinib oral tablet 250 mg	PS	PA; LA	
LAZCLUZE ORAL TABLET 240 MG, 80 MG	NPS	PA	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	PS	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 X2), 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)	PS	PA; LA	
letrozole oral tablet 2.5 mg	PG		
LEUKERAN ORAL TABLET 2 MG	PB		
leuprolide subcutaneous kit 1 mg/0.2 ml	PS	LA	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	PS	PA	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PS	PA; LA	
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PS	PA	
LORBRENA ORAL TABLET 100 MG, 25 MG	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	NPS	PA; LA	
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	PS	PA; LA	
LUPKYNIS ORAL CAPSULE 7.9 MG	PS	QL	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	PS	PA; LA	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PS	PA; LA	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PS	PA; LA	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	PS	PA; LA	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	FE		FENSOLVI, SUPPRELIN LA, TRIPTODUR
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	FE		FENSOLVI, SUPPRELIN LA, TRIPTODUR
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	FE		FENSOLVI, SUPPRELIN LA, TRIPTODUR
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	FE		
LYNPARZA ORAL TABLET 100 MG, 150 MG	PS	PA; LA	
LYSODREN ORAL TABLET 500 MG	PS		
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	PS	PA	
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA	capecitabine, docetaxel, lapatinib, paclitaxel, KADCYLA, PERJETA
MATULANE ORAL CAPSULE 50 MG	PS		
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
megestrol oral tablet 20 mg, 40 mg	PG		
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PS	PA; LA	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	PS	PA; LA	
MEKTOVI ORAL TABLET 15 MG	PS	PA; LA	
melphalan hcl intravenous recon soln 50 mg	PG		
mercaptopurine oral suspension 20 mg/ml	PS	LA	
mercaptopurine oral tablet 50 mg	PG		
methotrexate sodium (pf) injection recon soln 1 gram	PG		
methotrexate sodium (pf) injection solution 25 mg/ml	PG		
methotrexate sodium injection solution 25 mg/ml	PG		
methotrexate sodium oral tablet 2.5 mg	PG		
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	PG		
mitoxantrone intravenous concentrate 2 mg/ml	PS	LA	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	NPS	PA	cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE
MVASI INTRAVENOUS SOLUTION 25 MG/ML	NPS	PA; LA	ZIRABEV
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	NPS	PA; QL	SOMATULINE DEPOT
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	PG		
mycophenolate mofetil oral capsule 250 mg	PG		
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	PG		
mycophenolate mofetil oral tablet 500 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	PG		
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	NPB		mycophenolic acid
MYHIBBIN ORAL SUSPENSION 200 MG/ML	PB		
MYLERAN ORAL TABLET 2 MG	PB		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	PS	PA; LA	
nelarabine intravenous solution 250 mg/50 ml	PS	LA	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	PS	PA; QL; LA	
NEORAL ORAL CAPSULE 100 MG, 25 MG	NPB		cyclosporine
NEORAL ORAL SOLUTION 100 MG/ML	NPB		cyclosporine
NERLYNX ORAL TABLET 40 MG	PS	PA; LA	
NEXAVAR ORAL TABLET 200 MG	NPS	LA	sorafenib
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	FE		IMBRUVICA, JAKAFI
NILANDRON ORAL TABLET 150 MG	NPB	PA	nilutamide
nilutamide oral tablet 150 mg	PG	PA	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PS	PA; LA	
NIPENT INTRAVENOUS RECON SOLN 10 MG	NPB		
NUBEQA ORAL TABLET 300 MG	PS	PA; LA	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PB		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	PS	PA; LA	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	PS	PA; QL; LA	
ODOMZO ORAL CAPSULE 200 MG	PS	PA; LA	
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	FE		KANJINTI, TRAZIMERA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	NPS	PA	
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PS	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)	PS	PA	
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	PS	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	PS	PA; LA	
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PS	PA	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	PS	PA; LA	
ORGOVYX ORAL TABLET 120 MG	NPS	PA	ELIGARD, FIRMAGON, LUPRON DEPOT
ORSERDU ORAL TABLET 345 MG, 86 MG	PS	PA; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
oxaliplatin intravenous recon soln 100 mg, 50 mg	PG		
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	PG		
paclitaxel intravenous concentrate 6 mg/ml	PG		
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	PS		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	NPS	PA; LA	
paraplatin intravenous solution 10 mg/ml	PG		
pazopanib oral tablet 200 mg	PS	LA	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PS	PA	
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	PG		
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	NPB		
PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG	NPB		
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)	PS	PA; LA	
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	PS	PA; LA	
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	PB		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	PS	PA; LA	
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	NPS	PA; LA	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PS	PA; LA	
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	PS	PA	
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	PS	PA; LA	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PB		
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	NPB		TACROLIMUS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PB		
PURIXAN ORAL SUSPENSION 20 MG/ML	PS		
QINLOCK ORAL TABLET 50 MG	FE		dasatinib, imatinib mesylate, pazopanib hcl, sunitinib malate, IMKELDI, STIVARGA, TASIGNA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	NPS	PA; LA	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	PS	PA; LA	
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	PS	PA	
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	FE		RUXIENCE
romidepsin intravenous recon soln 10 mg/2 ml	PS	PA	
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	NPS	PA	ISTODAX
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	NPS	PA	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	PS	PA; LA	
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PS	PA; LA	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	FE		LYNPARZA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PS	PA; LA	
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	NPS	PA; LA	EXKIVITY
RYDAPT ORAL CAPSULE 25 MG	PS	PA; LA	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	NPS	PA	
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	FE		
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	NPB		cyclosporine
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	NPB		cyclosporine
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NPS	PA; LA	octreotide acetate
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	FE		SOMATULINE DEPOT
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	NPS	LA	BENLYSTA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA	DARZALEX

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	PS	PA	
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)	PS	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	PG		
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG		
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	PS	PA; QL; LA	
sorafenib oral tablet 200 mg	PS	LA	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	FE		dasatinib
STIVARGA ORAL TABLET 40 MG	PS	PA; LA	
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	PS	LA	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	PS	PA; LA	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	NPS	LA	sunitinib malate
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	PS	PA; LA	
TABLOID ORAL TABLET 40 MG	NPB		
TABRECTA ORAL TABLET 150 MG, 200 MG	PS	PA; LA	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	PS	PA; LA	
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PS	PA; LA	
TAGRISSO ORAL TABLET 40 MG, 80 MG	PS	PA; LA	
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML	NPS	PA	bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
TALVEY SUBCUTANEOUS SOLUTION 40 MG/ML	NPS	PA	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	PS	PA; LA	
tamoxifen oral tablet 10 mg, 20 mg	PG		
TARGRETIN ORAL CAPSULE 75 MG	FE		bexarotene
TARGRETIN TOPICAL GEL 1 %	NPS	LA	bexarotene
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PS	PA; LA	
TAZVERIK ORAL TABLET 200 MG	NPS	PA	
TECARTUS INTRAVENOUS SUSPENSION 1X10EXP6 TO 1X10EXP8 CELL, 2X10EXP6 TO 2X10EXP8 CELL	NPS	PA	
TECELRA INTRAVENOUS SUSPENSION 2.68X10EXP9 TO 10X10EXP9 CELL	PS	PA	
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	PS	PA	
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	PS	PA; LA	
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	NPS	PA	bortezomib, CARVYKTI, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
TEMODAR INTRAVENOUS RECON SOLN 100 MG	PS	LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	PS	PA; LA	
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	PS	PA; LA	
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	NPB	PA	thiotepa
TEPMETKO ORAL TABLET 225 MG	FE		TABRECTA
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML	FE		
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	PS	PA	
THALOMID ORAL CAPSULE 100 MG, 50 MG	PS	PA; LA	
thiotepa injection recon soln 100 mg, 15 mg	PG	PA	
TIBSOVO ORAL TABLET 250 MG	PS	PA	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	NPS	PA; LA	
topotecan intravenous recon soln 4 mg	PS	PA; LA	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	PS	PA; LA	
toremifene oral tablet 60 mg	PG		
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	NPS	PA; LA	temsirolimus
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PS	PA	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PS	PA; LA	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	NPS	PA; LA	bendamustine hcl
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	FE		ELIGARD, FIRMAGON, LUPRON DEPOT
tretinoin (antineoplastic) oral capsule 10 mg	PG		
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	NPB		methotrexate

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	PS	PA	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	NPB	PA	arsenic trioxide
TRODELVY INTRAVENOUS RECON SOLN 180 MG	NPS	PA	
TRUQAP ORAL TABLET 160 MG, 200 MG	PS	PA	
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	FE		RUXIENCE
TUKYSA ORAL TABLET 150 MG, 50 MG	NPS	PA	
TURALIO ORAL CAPSULE 125 MG	NPS	PA	
TYKERB ORAL TABLET 250 MG	FE		lapatinib
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	PS	PA	
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)	PS	PA; LA	
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	FE		ZIRABEV
VELCADE INJECTION RECON SOLN 3.5 MG	NPS	PA; LA	bortezomib
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	PS	PA	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	PS	PA	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PS	PA; LA	
VIDAZA INJECTION RECON SOLN 100 MG	NPS	LA	azacitidine
VIJOICE ORAL GRANULES IN PACKET 50 MG	PS	PA; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	PS	PA; QL	
vinblastine intravenous solution 1 mg/ml	PG		
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	PG		
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	PG		
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	PG		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	PS	PA; LA	
VITRAKVI ORAL SOLUTION 20 MG/ML	PS	PA; LA	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	FE		bendamustine hcl, BENDEKA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PS	PA; LA	
VONJO ORAL CAPSULE 100 MG	PS	PA	
VORANIGO ORAL TABLET 10 MG, 40 MG	NPS	PA	
VOTRIENT ORAL TABLET 200 MG	NPS	LA	pazopanib hcl
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	PS	PA	
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	PS	PA	
WELIREG ORAL TABLET 40 MG	NPS	PA	
XALKORI ORAL CAPSULE 200 MG, 250 MG	PS	PA; LA	
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	PS	PA; LA	
XATMEP ORAL SOLUTION 2.5 MG/ML	FE		methotrexate
XELODA ORAL TABLET 150 MG, 500 MG	NPS	LA	capecitabine
XERMELO ORAL TABLET 250 MG	PS	PA	
XOSPATA ORAL TABLET 40 MG	PS	PA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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, POMALYST, REVLIMID, THALOMID
XROMI ORAL SOLUTION 100 MG/ML	FE		DROXIA
XTANDI ORAL CAPSULE 40 MG	PS	PA; LA	
XTANDI ORAL TABLET 40 MG, 80 MG	PS	PA; LA	
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PS	PA; LA	
YESCARTA INTRAVENOUS SUSPENSION	PS	PA	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	PS		
YONSA ORAL TABLET 125 MG	PS	PA; LA	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	PS	PA; LA	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	FE		LYNPARZA
ZELBORAF ORAL TABLET 240 MG	PS	PA; LA	
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	NPS	PA	
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	PB		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	FE		KANJINTI, PERJETA, TRAZIMERA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PS	PA; LA	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PS	PA; LA	
ZOLINZA ORAL CAPSULE 100 MG	PS	PA; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	NPB		everolimus
ZYDELIG ORAL TABLET 100 MG, 150 MG	PS	PA; LA	
ZYKADIA ORAL TABLET 150 MG	PS	PA; LA	
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	NPS	PA	cyclophosphamide, doxorubicin hcl, vincristine sulfate, RUXIENCE
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	PS	PA	
ZYTIGA ORAL TABLET 250 MG, 500 MG	FE		abiraterone acetate
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH			
ANTICONVULSANTS			
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
BRIVIACT ORAL SOLUTION 10 MG/ML	NPB	PA; ST	levetiracetam
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	NPB	PA; ST	levetiracetam
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	PG		
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	PG		
carbamazepine oral tablet 200 mg	PG		
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	PG		
carbamazepine oral tablet,chewable 100 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	NPB		carbamazepine
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NPB		carbamazepine er
CELONTIN ORAL CAPSULE 300 MG	NPB		methsuximide
clobazam oral suspension 2.5 mg/ml	PG		
clobazam oral tablet 10 mg, 20 mg	PG		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG		
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	NPB	ST	divalproex sodium er
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	NPB	ST	divalproex sodium
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	NPB	ST	divalproex sodium
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	PS		
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	PS		
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	PG		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	NPB		phenytoin sodium
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	NPB		phenytoin
DILANTIN ORAL CAPSULE 30 MG	PB		
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	NPB		phenytoin
divalproex oral capsule, delayed rel sprinkle 125 mg	PG		
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	PG		

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	NPB	ST	gabapentin 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	PG	PA	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	PG	PA	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	FE		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
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	PG		
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PG		
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	PG		
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	PG		
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	PG		
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	PG		
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	PG		
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	NPB	ST	
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	PG		
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)	PG		
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG		
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	PG		
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	NPB	ST	oxcarbazepine er

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	PG		
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	PG		
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	NPB		phenytoin sodium
phenytoin oral suspension 125 mg/5 ml	PG		
phenytoin oral tablet,chewable 50 mg	PG		
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	PG		
pregabalin oral solution 20 mg/ml	PG		
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	PG	ST	
PRIMIDONE ORAL TABLET 125 MG	FE		primidone
primidone oral tablet 250 mg, 50 mg	PG		
roweepra oral tablet 500 mg	PG		
rufinamide oral suspension 40 mg/ml	PG		
rufinamide oral tablet 200 mg, 400 mg	PG		
SABRIL ORAL POWDER IN PACKET 500 MG	FE		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	PG		
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	PG		
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	PG		
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	NPB		clobazam
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	NPB		carbamazepine
TEGRETOL ORAL TABLET 200 MG	NPB		carbamazepine
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	NPB		carbamazepine er
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	PG		
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	FE		topiramate
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	FE		topiramate
topiramate oral capsule, sprinkle 15 mg, 25 mg	PG		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	FE		topiramate
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	PG	ST	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	PG	ST	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG		
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	FE		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)	PG		
valproic acid oral capsule 250 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	PB	QL	
vigabatrin oral powder in packet 500 mg	PS	PA; QL; LA	
vigabatrin oral tablet 500 mg	PS	PA; QL; LA	
vigadrone oral powder in packet 500 mg	PS	QL	
vigadrone oral tablet 500 mg	PS	QL	
VIGAFYDE ORAL SOLUTION 100 MG/ML	FE		vigabatrin
vigpoder oral powder in packet 500 mg	PS	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, 25 MG, 50 MG	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	NPB	QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
ZARONTIN ORAL CAPSULE 250 MG	NPB		ethosuximide
ZARONTIN ORAL SOLUTION 250 MG/5 ML	NPB		ethosuximide
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	FE		zonisamide
ZONISADE ORAL SUSPENSION 100 MG/5 ML	FE		zonisamide
zonisamide oral capsule 100 mg, 25 mg, 50 mg	PG		
ZTALMY ORAL SUSPENSION 50 MG/ML	PS	PA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTIPARKINSONISM AGENTS			
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	FE		apomorphine hcl
apomorphine subcutaneous cartridge 10 mg/ml	PS	PA; QL	
AZILECT ORAL TABLET 0.5 MG, 1 MG	NPB		rasagiline mesylate
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	PG		
bromocriptine oral capsule 5 mg	PG		
bromocriptine oral tablet 2.5 mg	PG		
carbidopa oral tablet 25 mg	PG	PA	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	PG		
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	PG		
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	PG		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	PG		
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	NPB	ST	carbidopa-levodopa er
DHIVY ORAL TABLET 25-100 MG	FE		carbidopa/levodopa
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	NPS	PA; LA	carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa
entacapone oral tablet 200 mg	PG		
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	FE		Immediate-release amantadine capsules, amantadine tablets, or amantadine oral solution
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PS	QL	
LODOSYN ORAL TABLET 25 MG	NPB	PA	carbidopa

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	NPS	QL; LA	cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	FE		carbidopa-levodopa er
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	NPB	QL	entacapone
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	PG		
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	PG		
rasagiline oral tablet 0.5 mg, 1 mg	PG		
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PG		
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	PG		
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	NPB	ST	carbidopa/levodopa, carbidopa-levodopa er
selegiline hcl oral capsule 5 mg	PG		
selegiline hcl oral tablet 5 mg	PG		
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NPB		carbidopa/levodopa
TASMAR ORAL TABLET 100 MG	NPB	PA	tolcapone
tolcapone oral tablet 100 mg	PG	PA	
trihexyphenidyl oral elixir 0.4 mg/ml	PG		
trihexyphenidyl oral tablet 2 mg, 5 mg	PG		
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	FE		carbidopa-levodopa er
XADAGO ORAL TABLET 100 MG, 50 MG	FE		rasagiline mesylate, selegiline hcl

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG	ST; QL	
dihydroergotamine injection solution 1 mg/ml	PG		
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	PG	ST; QL	
eletriptan oral tablet 20 mg, 40 mg	PG	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	PG		
FROVA ORAL TABLET 2.5 MG	NPB	ST; QL	frovatriptan succinate
frovatriptan oral tablet 2.5 mg	PG	ST; QL	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	FE		sumatriptan succinate
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	FE		sumatriptan succinate

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	NPB	ST; QL	dihydroergotamine mesylate
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 %	FE		sumatriptan succinate
naratriptan oral tablet 1 mg, 2.5 mg	PG	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	
RELPAX ORAL TABLET 20 MG, 40 MG	FE		eletriptan hbr
REYVOW ORAL TABLET 100 MG, 50 MG	NPB	PA; ST; QL	eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY
rizatriptan oral tablet 10 mg, 5 mg	PG	QL	
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	PG	QL	
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	PG	QL	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	PG	QL	
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	PG	QL	
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	PG	QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sumatriptan-naproxen oral tablet 85-500 mg	FE		naproxen AND sumatriptan tablets (Imitrex, generics)
SYMBRAVO ORAL TABLET 10-20 MG	FE		
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)	FE		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		eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	NPB	ST; QL	sumatriptan succinate
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	NPB	ST; QL	sumatriptan, zolmitriptan, ZOMIG
zolmitriptan nasal spray,non-aerosol 5 mg	PG	ST; QL	
zolmitriptan oral tablet 2.5 mg, 5 mg	PG	QL	
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	PG	QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	PB	ST; QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	NPB	ST; QL	zolmitriptan
ZOMIG ORAL TABLET 2.5 MG, 5 MG	FE		zolmitriptan
MISCELLANEOUS NEUROLOGICAL THERAPY			

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	NPB	ST	donepezil hcl
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	FE		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	FE		dalfampridine er
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	PS	PA; LA	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	NPB	ST	donepezil hcl
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PS	PA; QL; LA	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	PS	PA; QL; LA	
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	PS	PA; QL; LA	
dalfampridine oral tablet extended release 12 hr 10 mg	PS	PA; QL; LA	
DAYBUE ORAL SOLUTION 200 MG/ML	FE		
dichlorphenamide oral tablet 50 mg	PS	LA	
donepezil oral tablet 10 mg, 5 mg	PG		
donepezil oral tablet 23 mg	PG	ST	
donepezil oral tablet,disintegrating 10 mg, 5 mg	PG		
edaravone intravenous solution 30 mg/100 ml, 60 mg/100 ml	PS	PA	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	NPS	PA; QL; LA	SPINRAZA
EVRYSDI ORAL TABLET 5 MG	NPS	PA; QL; LA	SPINRAZA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	NPB	ST	rivastigmine
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FIRDAPSE ORAL TABLET 10 MG	PS		
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	PG		
galantamine oral solution 4 mg/ml	PG		
galantamine oral tablet 12 mg, 4 mg, 8 mg	PG		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	NPB	ST	gabapentin, gabapentin er, pregabalin, pregabalin er
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	NPS	PA; QL	AUSTEDO, AUSTEDO XR
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	NPS	PA; QL	AUSTEDO, AUSTEDO XR
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	NPS	PA; QL	AUSTEDO, AUSTEDO XR
KEVEYIS ORAL TABLET 50 MG	FE		dichlorphenamide, ormalvi
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	FE		
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	FE		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	PG		
memantine oral solution 2 mg/ml	PG		
memantine oral tablet 10 mg, 5 mg	PG		
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	NPB		memantine hcl
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	PG	ST	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	FE		AQNEURSA
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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	FE		memantine hcl er
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PB	ST	
NUEDEXTA ORAL CAPSULE 20-10 MG	PB		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	NPS	PA	
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	FE		AMVUTTRA
ormalvi oral tablet 50 mg	PS		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	PS	PA	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	PS	PA; LA	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	PG		
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	PG		
SKYCLARYS ORAL CAPSULE 50 MG	FE		
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	PS	PA	
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	PS	PA; QL; LA	
tetrabenazine oral tablet 12.5 mg, 25 mg	PS	PA; QL; LA	
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	PS	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		AMVUTTRA

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XENAZINE ORAL TABLET 12.5 MG, 25 MG	FE		tetrabenazine
ZEPOSIA ORAL CAPSULE 0.92 MG	PS	PA; QL; LA	
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	PS	PA; QL; LA	
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PS	PA; QL; LA	
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	PS	PA; LA	
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	FE		donepezil hcl, galantamine, galantamine er, rivastigmine
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)	FE		baclofen
baclofen oral solution 5 mg/5 ml	PG		
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	PG		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	PG		
carisoprodol oral tablet 250 mg, 350 mg	NPG		metaxalone, tizanidine hcl
carisoprodol-aspirin oral tablet 200-325 mg	NPG		metaxalone, tizanidine hcl
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	NPG	PA; QL	metaxalone, tizanidine hcl
chlorzoxazone oral tablet 250 mg, 750 mg	FE		chlorzoxazone 500 mg
chlorzoxazone oral tablet 375 mg	FE		
chlorzoxazone oral tablet 500 mg	PG		
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	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cyclobenzaprine oral tablet 7.5 mg	FE		cyclobenzaprine hcl 5 mg or 10 mg tablets
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	PG		
FEXMID ORAL TABLET 7.5 MG	FE		cyclobenzaprine hcl
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	FE		baclofen
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML	FE		
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	NPG		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	PG		
METAXALONE ORAL TABLET 640 MG	FE		metaxalone
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	PG		
NORGESIC FORTE ORAL TABLET 50-770-60 MG	FE		orphenadrine citrate ER 100 mg tablets AND OTC aspirin and caffeine-containing product

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
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
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	PG		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	NPB		pyridostigmine bromide
pyridostigmine bromide oral tablet 60 mg	PG		
pyridostigmine bromide oral tablet extended release 180 mg	PG		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	FE		
SOMA ORAL TABLET 250 MG, 350 MG	NPB		metaxalone, tizanidine hcl
tanlor oral tablet 1,000 mg	PG		
tizanidine oral capsule 2 mg, 4 mg, 6 mg	FE		tizanidine tablets
tizanidine oral tablet 2 mg, 4 mg	PG		
vanadom oral tablet 350 mg	NPG		metaxalone, tizanidine hcl
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	NPS	PA; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	NPS	PA; LA	
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	NPS	PA; LA	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	NPB		tizanidine hcl
ZANAFLEX ORAL TABLET 4 MG	NPB		tizanidine hcl
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	FE		EPYSQLI, SOLIRIS
NARCOTIC ANALGESICS			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	PG	PA; QL	
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	PG	PA; QL	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	PG	PA; QL	
ascomp with codeine oral capsule 30-50-325-40 mg	PG	PA; QL	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	PB	ST; QL	
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	PS	LA	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	PG		
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	PG	ST	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	PG	PA; QL	
butalbital-acetaminophen oral capsule 50-300 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	PG		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	PG		
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	PG		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	PG		
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	PG		
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	FE		buprenorphine
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	PG	PA; QL	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	PG	PA; QL	
DILAUDID ORAL LIQUID 1 MG/ML	NPB	PA; QL	hydromorphone hcl
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	NPB	PA; QL	hydromorphone hcl
diskets oral tablet,soluble 40 mg	PG	QL	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	NPB		
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	PA; QL	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	PG	ST; QL	
FIORICET ORAL CAPSULE 50-300-40 MG	NPB	ST	butalbital/apap/caffeine
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	NPB	PA; QL	butalbital/caff/apap/codeine
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	ST; QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	PG	ST; QL	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	PG	PA; QL	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	PG	PA; QL	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	PG	PA; QL	
hydromorphone oral liquid 1 mg/ml	PG	PA; QL	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	PG	PA; QL	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	PG	ST; QL	
hydromorphone rectal suppository 3 mg	PG	PA; QL	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 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-containin
meperidine oral solution 50 mg/5 ml	NPG	PA; QL	hydromorphone hcl, morphine sulfate, oxycodone hcl
meperidine oral tablet 50 mg	NPG	PA; QL	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
methadone oral concentrate 10 mg/ml	PG	QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	PG	QL	
methadone oral tablet 10 mg, 5 mg	PG	QL	
methadone oral tablet,soluble 40 mg	PG	QL	
methadose oral concentrate 10 mg/ml	PG	QL	
methadose oral tablet,soluble 40 mg	PG	QL	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	PG	PA; QL	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	PG	ST; QL	
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	PG	ST; QL	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	PG	PA; QL	
morphine oral tablet 15 mg, 30 mg	PG	PA; QL	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	PG	ST; QL	
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	PG	PA; QL	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 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	PG	PA; QL	
oxycodone oral concentrate 20 mg/ml	PG	PA; QL	
oxycodone oral solution 5 mg/5 ml	PG	PA; QL	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	PG	PA; QL	
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	FE		oxycodone hcl
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml	PG	PA; QL	
oxycodone-acetaminophen oral tablet 10-300 mg	PG	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PG	PA; QL	
oxycodone-acetaminophen oral tablet 2.5-300 mg	PG	PA; QL	oxycodone-acetaminophen 2.5-325 mg tablets
oxycodone-acetaminophen oral tablet 5-300 mg	PG	PA; QL	oxycodone-acetaminophen 5-325 mg tablets
oxycodone-acetaminophen oral tablet 7.5-300 mg	PG	PA; QL	oxycodone-acetaminophen 7.5-325 mg tablets
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	PB	ST; QL	
oxymorphone oral tablet 10 mg, 5 mg	PG	PA; QL	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	PG	ST; QL	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	FE		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	PG	PA; QL	oxycodone-acetaminophen 10-325 mg tablets
prolate oral tablet 5-300 mg	PG	PA; QL	oxycodone-acetaminophen 5-325 mg tablets
prolate oral tablet 7.5-300 mg	PG	PA; QL	oxycodone-acetaminophen 7.5-325 mg tablets

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ROXICODONE ORAL TABLET 15 MG, 30 MG	NPB	PA; QL	oxycodone hcl
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 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	PS	LA	
tencon oral tablet 50-325 mg	PG		
TREZIX ORAL CAPSULE 320.5-30-16 MG	NPB	PA; QL	apap-caffeine-dihydrocodeine
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	FE		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	NPG	ACA	
ANAPROX DS ORAL TABLET 550 MG	NPB	ST	naproxen sodium
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	NPB	ST	diclofenac sodium-misoprostol
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	NPB	ST	diclofenac sodium-misoprostol
aspirin childrens oral tablet,chewable 81 mg	PG	ACA	
aspirin oral tablet 81 mg	PG	ACA	
aspirin oral tablet,chewable 81 mg	PG	ACA	
aspirin oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	PG		
butorphanol injection solution 1 mg/ml, 2 mg/ml	PG	PA; QL	
butorphanol nasal spray,non-aerosol 10 mg/ml	PG	PA; QL	
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE		
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	FE		celecoxib
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	PG		
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	FE		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
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	FE		FLECTOR, LICART
diclofenac potassium oral capsule 25 mg	PG	ST	
diclofenac potassium oral powder in packet 50 mg	PG	ST; QL	
diclofenac potassium oral tablet 25 mg	PG	ST	
diclofenac potassium oral tablet 50 mg	PG		
diclofenac sodium oral tablet extended release 24 hr 100 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	PG		
diclofenac sodium topical drops 1.5 %	PG	QL	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	PG	ST; QL	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	FE		diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	PG		
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	FE		
DICLOGEN TOPICAL KIT 1.5-10-4 %	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 TOPICAL KIT 1.5-10-4 %	FE		
diflunisal oral tablet 500 mg	PG		
DIMENTHO TOPICAL KIT 1.5-10 %	FE		
DISALCID ORAL TABLET 500 MG, 750 MG	NPB		salsalate
DITHOL TOPICAL COMBO PACK 1.5-10 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DOLOBID ORAL TABLET 250 MG, 375 MG	FE		diclofenac sodium, diflunisal, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, etodolac, flurbiprofen, ketoprofen, oxaprozin, piroxicam
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	FE		MONOVISC, ORTHOVISC
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	NPB	ST	naproxen
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	PG	ACA	
etodolac oral capsule 200 mg, 300 mg	PG		
etodolac oral tablet 400 mg, 500 mg	PG		
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	PG		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	FE		MONOVISC, ORTHOVISC
FENOPROFEN ORAL CAPSULE 200 MG	FE		fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
fenoprofen oral capsule 400 mg	PG	ST	
fenoprofen oral tablet 600 mg	PG	ST	
FENOPRON ORAL CAPSULE 300 MG	FE		fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
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	PG		
FROTEK TOPICAL CREAM IN PACKET 10 %	FE		
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	FE		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ibu oral tablet 400 mg, 600 mg, 800 mg	PG		
IBUPAK ORAL KIT 600 MG	FE		
ibuprofen oral suspension 100 mg/5 ml	PG		
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	PG		
ibuprofen-famotidine oral tablet 800-26.6 mg	FE		ibuprofen, famotidine
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	FE		
INDOCIN ORAL SUSPENSION 25 MG/5 ML	FE		ibuprofen suspension (e.g., Motrin, generics) or naproxen suspension (e.g., Naprosyn, generics).
INDOCIN RECTAL SUPPOSITORY 50 MG	FE		
indomethacin oral capsule 25 mg, 50 mg	PG		
indomethacin oral capsule, extended release 75 mg	PG		
indomethacin oral suspension 25 mg/5 ml	PG	ST	ibuprofen suspension (e.g., Motrin, generics) or naproxen suspension (e.g., Naprosyn, generics).
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	FE		
indomethacin rectal suppository 50 mg	PG		
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	FE		diclofenac sodium
JOURNAVX ORAL TABLET 50 MG	NPB	QL	acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
KERAXA TOPICAL GEL 3-2-4 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	PG	ST	
ketorolac oral tablet 10 mg	PG	QL	
kiprofen oral capsule 25 mg	FE		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	PB	QL	
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		
LIXOFEN TOPICAL KIT 1.5 %	FE		
LODINE ORAL TABLET 400 MG	NPB	ST	
lofena oral tablet 25 mg	PG	ST	
lofexidine oral tablet 0.18 mg	PG	QL	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	NPB		
LUCEMYRA ORAL TABLET 0.18 MG	FE		lofexidine hcl
lurbipr oral tablet 100 mg	PG		
meclofenamate oral capsule 100 mg, 50 mg	PG		
mefenamic acid oral capsule 250 mg	PG		
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	FE		ibuprofen, naproxen
meloxicam oral tablet 15 mg, 7.5 mg	PG	QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
meloxicam submicronized oral capsule 10 mg, 5 mg	PG	ST; QL	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	PS	PA; LA	
nabumetone oral tablet 500 mg, 750 mg	PG		
NALFON ORAL CAPSULE 400 MG	FE		fenoprofen calcium
NALFON ORAL TABLET 600 MG	NPB	ST	fenoprofen calcium
naloxone injection solution 0.4 mg/ml	PG		
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	PG		
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	NPB		
naltrexone oral tablet 50 mg	PG		
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	NPB	ST	naproxen sodium er
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	NPB	ST	naproxen
NAPROSYN ORAL TABLET 500 MG	NPB	ST	naproxen
naproxen oral suspension 125 mg/5 ml	PG	ST	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PG		
naproxen oral tablet,delayed release (dr/ec) 375 mg	PG		
naproxen oral tablet,delayed release (dr/ec) 500 mg	PG	ST	
naproxen sodium oral tablet 275 mg, 550 mg	PG		
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	PG	ST	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	FE		naproxen, naproxen sodium, naproxen, esomeprazole magnesium
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	NPB	QL	naloxone hcl

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, REXTOVY
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	PS	PA; LA	
OXAPROZIN ORAL CAPSULE 300 MG	FE		oxaprozin, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone
oxaprozin oral tablet 600 mg	PG		
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	FE		diclofenac sodium
pentazocine-naloxone oral tablet 50-0.5 mg	NPG	PA; QL	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
piroxicam oral capsule 10 mg, 20 mg	PG		
PROFINAC TOPICAL KIT 1.5 %	FE		
RELAFEN DS ORAL TABLET 1,000 MG	FE		nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	PB	QL	
ROAOXIA TOPICAL GEL 3-2-4 %	FE		
salsalate oral tablet 500 mg, 750 mg	PG		
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	NPS	ST; QL	diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
st joseph aspirin oral tablet,chewable 81 mg	PG	ACA	
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	NPG	ACA	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	FE		buprenorphine-naloxone
sulindac oral tablet 150 mg, 200 mg	PG		
TOLECTIN 600 ORAL TABLET 600 MG	NPB	ST	
tolmetin oral capsule 400 mg	PG	ST	
tolmetin oral tablet 600 mg	PG	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
TRAMADOL ORAL SOLUTION 5 MG/ML	FE		tramadol hcl
tramadol oral tablet 100 mg, 50 mg	PG	PA; QL	
TRAMADOL ORAL TABLET 25 MG, 75 MG	FE		tramadol hcl
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	PG	QL	
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	PG	QL	
tramadol-acetaminophen oral tablet 37.5-325 mg	PG	PA; QL	
TRESNI RECTAL SUPPOSITORY 100 MG	FE		
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	FE		
VENNGEL II TOPICAL KIT 1 %	FE		
VENNGEL ONE TOPICAL KIT 1 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	FE		naproxen, naproxen sodium, naproxen, esomeprazole magnesium
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	FE		MONOVISC, ORTHOVISC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	PS	LA	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	FE		diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, indomethacin, naproxen, oxaprozin, piroxicam
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	FE		diclofenac sodium
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	FE		
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		diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, indomethacin, naproxen, oxaprozin, piroxicam
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 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		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	FE		dextroamphetamine-amphetamine
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,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	NPB		dextroamphetamine-amphet er, lisdexamfetamine dimesylate
alprazolam intensol oral concentrate 1 mg/ml	PG		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	PG		
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	PG		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	FE		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	PG		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	PG		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PG		
amphetamine sulfate oral tablet 10 mg, 5 mg	PG		
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	NPB		clomipramine hcl
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	FE		bupropion xl

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PG	QL	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	PG	QL	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	PG	PA	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	PG	QL	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	NPB		lorazepam
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	PG		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	NPB	ST; QL	bupropion hcl, citalopram hbr, duloxetine hcl, paroxetine hcl, sertraline hcl, venlafaxine hcl, FETZIMA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	PB		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	NPB	ST	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	FE		
bupropion hcl oral tablet 100 mg, 75 mg	PG		
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	PG	QL	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	FE		bupropion xl
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	PG	QL	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PG		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	PG		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PG		
CITALOPRAM ORAL CAPSULE 30 MG	FE		citalopram hbr
citalopram oral solution 10 mg/5 ml	PG		
citalopram oral tablet 10 mg, 20 mg, 40 mg	PG	QL	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	PG		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	PG		
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PG		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PG		
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PG		
CLOZARIL ORAL TABLET 100 MG, 25 MG	NPB		clozapine
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, AZSTARYS
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
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
DESOXYN ORAL TABLET 5 MG	NPB		methamphetamine hcl
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	NPB	ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	PG	ST; QL	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	NPB		dextroamphetamine sulfate er
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	PG		
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	PG		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	PG		
dextroamphetamine sulfate oral solution 5 mg/5 ml	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	PG		
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	PG		
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	PG	ST	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	PG		
diazepam intensol oral concentrate 5 mg/ml	PG		
diazepam oral solution 5 mg/5 ml (1 mg/ml)	PG		
diazepam oral tablet 10 mg, 2 mg, 5 mg	PG		
DORAL ORAL TABLET 15 MG	FE		estazolam, lorazepam
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PG		
doxepin oral concentrate 10 mg/ml	PG		
doxepin oral tablet 3 mg, 6 mg	PG	ST	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	FE		desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	PG	QL	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	PG	ST; QL	
DULOXICAINE KIT 30 MG- 4%	FE		
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, tranylcypromine sulfate
ergoloid oral tablet 1 mg	PG		
escitalopram oxalate oral solution 5 mg/5 ml	PG	ST	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PG	QL	
estazolam oral tablet 1 mg, 2 mg	PG		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PG		
EVEKEO ORAL TABLET 10 MG, 5 MG	FE		amphetamine sulfate
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	FE		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	PB	ST; QL	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	PB	ST; QL	
fluoxetine oral capsule 10 mg, 40 mg	PG	QL	
fluoxetine oral capsule 20 mg	PG		
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	PG	ST; QL	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	PG		
fluoxetine oral tablet 10 mg	PG	ST; QL	
fluoxetine oral tablet 20 mg, 60 mg	PG	ST	

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, AZSTARYS
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
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	PG		
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PG		
lithium carbonate oral tablet 300 mg	PG		
lithium carbonate oral tablet extended release 300 mg, 450 mg	PG		
lithium citrate oral solution 8 meq/5 ml	PG		
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	NPB		lithium carbonate
lorazepam intensol oral concentrate 2 mg/ml	PG		
lorazepam oral concentrate 2 mg/ml	PG		
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PG		
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	FE		lorazepam
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PG		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	PS	ST; QL; LA	
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	PS	ST	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	FE		eszopiclone
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG	QL	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	NPB	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	PG		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	NPB		methylphenidate hcl
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PG		
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	PG		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	PG		
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	PG		
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	PG		
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	PG	ST	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	FE		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, AZSTARYS

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
methylphenidate hcl oral tablet extended release 24hr 72 mg	PG		
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	PG		
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	PG		
midazolam oral syrup 2 mg/ml	PG		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PG		
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	PG		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	NPB		
modafinil oral tablet 100 mg, 200 mg	PG	PA	
molindone oral tablet 10 mg, 25 mg, 5 mg	PG		
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	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	NPG		bupropion hcl, mirtazapine, trazodone hcl
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PG		
nortriptyline oral solution 10 mg/5 ml	PG		
NUPLAZID ORAL CAPSULE 34 MG	NPS	QL; LA	clozapine, quetiapine fumarate
NUPLAZID ORAL TABLET 10 MG	NPS	QL; LA	clozapine, quetiapine fumarate
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	PG	QL	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	PG	QL	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	FE		clonidine hcl er
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	FE		aripiprazole odt, aripiprazole
oxazepam oral capsule 10 mg, 15 mg, 30 mg	NPG		lorazepam
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	PG	QL	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	NPB		nortriptyline hcl
PARNATE ORAL TABLET 10 MG	NPB		tranylcypromine sulfate
paroxetine hcl oral suspension 10 mg/5 ml	PG	ST	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PG	QL	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	PG	ST; QL	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	PG	ST; QL	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	NPB	ST; QL	paroxetine er
PAXIL ORAL SUSPENSION 10 MG/5 ML	NPB	ST	paroxetine hcl
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	NPB	ST; QL	paroxetine hcl
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PG		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PG		
phenelzine oral tablet 15 mg	PG		
pimozide oral tablet 1 mg, 2 mg	PG		
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	FE		desvenlafaxine succinate er
procentra oral solution 5 mg/5 ml	PG		
protriptyline oral tablet 10 mg, 5 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG	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	PG	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, AZSTARYS
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, AZSTARYS
QUVIVIQ ORAL TABLET 25 MG, 50 MG	NPB	ST	doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er
RALDESY ORAL SOLUTION 10 MG/ML	FE		trazodone hcl
ramelteon oral tablet 8 mg	PG		
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	FE		methylphenidate er
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	FE		dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la, AZSTARYS

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REMERON ORAL TABLET 15 MG, 30 MG	NPB		mirtazapine
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	NPB		mirtazapine
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	NPB		lorazepam
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
RISPERDAL ORAL SOLUTION 1 MG/ML	NPB		risperidone
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NPB	QL	risperidone
risperidone oral solution 1 mg/ml	PG		
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	QL	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PG	QL	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	FE		methylphenidate er
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	FE		methylphenidate hcl
ROZEREM ORAL TABLET 8 MG	FE		ramelteon
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
sertraline oral tablet 100 mg, 25 mg, 50 mg	PG	QL	
SILENOR ORAL TABLET 3 MG, 6 MG	NPB	ST	doxepin hcl
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	PS	ST; QL	LUMRYZ, SODIUM OXYBATE, XYWAV
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	FE		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	
tasimelteon oral capsule 20 mg	NPS	PA; LA	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	NPG		lorazepam
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG		
tranylcypromine oral tablet 10 mg	PG		
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PG		
triazolam oral tablet 0.125 mg, 0.25 mg	PG		
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PG		
trimipramine oral capsule 100 mg, 25 mg, 50 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG	QL	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PG	QL	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 75 mg	FE		venlafaxine ER capsules
venlafaxine oral tablet extended release 24hr 37.5 mg	FE		
VERSACLOZ ORAL SUSPENSION 50 MG/ML	NPB		clozapine odt, clozapine
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	FE		vilazodone hcl
vilazodone oral tablet 10 mg, 20 mg, 40 mg	PG	ST; QL	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	NPB	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	NPS	PA; QL	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	NPB		lisdexamfetamine dimesylate
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	NPB		lisdexamfetamine dimesylate
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	NPS	ST; LA	armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AUTONOMIC & CNS DRUGS, NEUROLOGY			
MULTIPLE SCLEROSIS AGENTS			
AUBAGIO ORAL TABLET 14 MG, 7 MG	FE		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PS	PA; QL; LA	
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PS	PA; QL; LA	
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	PS	PA; QL; LA	
BETASERON SUBCUTANEOUS KIT 0.3 MG	PS	PA; 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	PS	PA; QL; LA	
fingolimod oral capsule 0.5 mg	PS	PA; QL; LA	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	FE		
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	PS	PA; QL; LA	
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	PS	PA; QL; LA	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PS	PA; QL; LA	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	NPS	PA; QL; LA	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	NPS	PA; QL; LA	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PS	PA; QL; LA	
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PS	PA; QL; LA	
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PS	PA; QL; LA	
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	PS	PA; QL; LA	
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	PS	PA; QL; LA	
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	PS	PA; QL; LA	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PS	PA; QL; LA	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PS	PA; QL; LA	
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	FE		
PONVORY ORAL TABLET 20 MG	FE		
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	PS	PA; QL; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PS	PA; QL; LA	
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PS	PA; QL; LA	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	FE		
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	PS	PA; QL; LA	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PS	PA; QL; LA	
CARDIOVASCULAR, HYPERTENSION & LIPIDS			
ANTIARRHYTHMIC AGENTS			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	PG		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	NPB		sotalol af
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	NPB		sotalol
disopyramide phosphate oral capsule 100 mg, 150 mg	NPG		amiodarone hcl, quinidine sulfate, sotalol
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	PG		
flecainide oral tablet 100 mg, 150 mg, 50 mg	PG		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	PG		
MULTAQ ORAL TABLET 400 MG	PB		
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	FE		amiodarone hcl, quinidine sulfate, sotalol

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NORPACE ORAL CAPSULE 100 MG, 150 MG	FE		amiodarone hcl, quinidine sulfate, sotalol
pacerone oral tablet 100 mg, 200 mg	PG		
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	PG		
propafenone oral tablet 150 mg, 225 mg, 300 mg	PG		
quinidine gluconate oral tablet extended release 324 mg	PG		
quinidine sulfate oral tablet 200 mg, 300 mg	PG		
sotalol af oral tablet 120 mg, 160 mg, 80 mg	PG		
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	PG		
SOTYLIZE ORAL SOLUTION 5 MG/ML	PB		
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	FE		dofetilide
ANTIHYPERTENSIVE THERAPY			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	NPB		quinapril
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		quinapril-hydrochlorothiazide
acebutolol oral capsule 200 mg, 400 mg	PG		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		spironolactone
aliskiren oral tablet 150 mg, 300 mg	PG		
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	NPB		ramipril
amiloride oral tablet 5 mg	PG		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	PG		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	PG		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	PG		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	PG		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	PG		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	FE		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	PG		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	PG		
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	FE		irbesartan-hydrochlorothiazide
AVAPRO ORAL TABLET 150 MG, 300 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	PG		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	PG		
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	FE		olmesartan-hydrochlorothiazide
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	FE		olmesartan medoxomil
betaxolol oral tablet 10 mg, 20 mg	PG		
BIDIL ORAL TABLET 20-37.5 MG	FE		isosorbide dinit-hydralazine
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	FE		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	PG		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	PG		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	FE		nebivolol hcl
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	PG		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PG		
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	PG		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	NPB		cartia xt, diltiazem 24hr er (cd)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NPB		matzim la
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NPB		diltiazem hcl
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	NPB	QL	doxazosin mesylate
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	PG		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	PG		

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	PG		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	NPB	QL	clonidine hcl
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	NPB	QL	clonidine hcl
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	NPB	QL	clonidine hcl
chlorthalidone oral tablet 25 mg, 50 mg	PG		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	PG		
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	FE		clonidine hcl, clonidine hcl
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	PG	QL	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	FE		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
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	PG		
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	PG		
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	PG		
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	PG		
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	PG		
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	PG		
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	FE		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	PG	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
EDECRIN ORAL TABLET 25 MG	NPB	ST	ethacrynic acid
enalapril maleate oral solution 1 mg/ml	PG		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	PG		
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EPANED ORAL SOLUTION 1 MG/ML	FE		enalapril maleate
eplerenone oral tablet 25 mg, 50 mg	PG		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	PS	PA; LA	
eprosartan oral tablet 600 mg	PG		
ethacrynic acid oral tablet 25 mg	PG		
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	FE		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	PG		
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	PS	PA; LA	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	PG		
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	PG		
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	FE		bumetanide, furosemide, torsemide
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	PG		
furosemide oral tablet 20 mg, 40 mg, 80 mg	PG		
guanfacine oral tablet 1 mg, 2 mg	PG		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	PS	ST	
HEMICLOR ORAL TABLET 12.5 MG	FE		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PG		
hydrochlorothiazide oral capsule 12.5 mg	PG		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	PG		
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	FE		losartan-hydrochlorothiazide

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
indapamide oral tablet 1.25 mg, 2.5 mg	PG		
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	FE		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
INSPRA ORAL TABLET 25 MG, 50 MG	NPB		eplerenone
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	FE		hydrochlorothiazide
irbesartan oral tablet 150 mg, 300 mg, 75 mg	PG		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	PG		
isosorbide-hydralazine oral tablet 20-37.5 mg	PG		
isradipine oral capsule 2.5 mg, 5 mg	PG		
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	FE		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	PG		
LABETALOL ORAL TABLET 400 MG	FE		labetalol hcl
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	PG		

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	NPS	PA; QL; LA	UPTRAVI
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	NPS	PA; QL; LA	UPTRAVI
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	NPS	PA; QL; LA	UPTRAVI
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	PG		
phenoxybenzamine oral capsule 10 mg	PG		
pindolol oral tablet 10 mg, 5 mg	PG		
prazosin oral capsule 1 mg, 2 mg, 5 mg	PG		
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	NPB	ST	amlodipine besylate-benazepril
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	NPB	ST	nifedipine er
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	PG		
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	PG		
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	PG		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	PG		
QBRELIS ORAL SOLUTION 1 MG/ML	FE		lisinopril
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG		
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG		
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	NPS	PA; LA	treprostinil
SOAANZ ORAL TABLET 40 MG	FE		bumetanide, furosemide, torsemide
spironolactone oral suspension 25 mg/5 ml	PG		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	PG		
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	PG		
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	NPB	ST	nisoldipine
TEKTURNA ORAL TABLET 150 MG, 300 MG	FE		aliskiren
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG		
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	PG		
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG		
TENORETIC 100 ORAL TABLET 100-25 MG	NPB		atenolol w/chlorthalidone
TENORETIC 50 ORAL TABLET 50-25 MG	NPB		atenolol w/chlorthalidone
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		atenolol
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PG	QL	
TEZRULY ORAL SOLUTION 1 MG/ML	FE		
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	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NPB		diltiazem er, taztia xt
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	PG		
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	FE		metoprolol succinate
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	PG		
trandolapril oral tablet 1 mg, 2 mg, 4 mg	PG		
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	PG		
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	PS	PA; LA	
triamterene oral capsule 100 mg, 50 mg	PG		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	PG		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	PG		
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	FE		olmesartan-amlodipine-hctz
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	NPS		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PS	PA; QL; LA	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	PS	PA; QL; LA	
VALSARTAN ORAL SOLUTION 4 MG/ML	FE		valsartan
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	PG		
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VASERETIC ORAL TABLET 10-25 MG	NPB		enalapril maleate/hctz
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NPB		enalapril maleate
veletri intravenous recon soln 0.5 mg, 1.5 mg	PS	PA; LA	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	PG	ST	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	PG		
verapamil oral tablet 120 mg, 40 mg, 80 mg	PG		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	PG		
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB		lisinopril-hctz
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	NPB		lisinopril
CARDIAC GLYCOSIDES			
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	PG		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	PG		
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	NPB		digoxin
COAGULATION THERAPY			
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PS	PA; LA	
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	FE		HEMLIBRA
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	PS	PA; LA	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	PS	PA; LA	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	PS	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 %)	PG		
aminocaproic acid oral tablet 1,000 mg, 500 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	NPS		fondaparinux sodium
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	PG		
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	PS	PA; LA	
BRILINTA ORAL TABLET 60 MG, 90 MG	PB		ticagrelor
CABLIVI INJECTION KIT 11 MG	PS	PA	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	PS	PA; LA	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	PS	PA; LA	
cilostazol oral tablet 100 mg, 50 mg	PG		
clopidogrel oral tablet 300 mg, 75 mg	PG		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PS	LA	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	PG	PA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	PG		
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	PS	PA; QL; LA	
EFFIENT ORAL TABLET 10 MG, 5 MG	NPB		prasugrel hcl
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	PB		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	PB		
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	PS	PA; LA	
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	PS	PA; LA	
enoxaparin subcutaneous solution 300 mg/3 ml	PS		
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	PS		
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	FE		
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	PS	PA; LA	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	NPS	PA	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	PS		
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	PS		
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	PS		
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PS	PA; LA	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	PS	PA; LA	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	PS	PA; LA	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	PS	PA; LA	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	PS	PA; LA	
hep flush-10 (pf) intravenous solution 10 unit/ml	PG		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	PG		
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	NPB		
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	PG		
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	PG		
HEPARIN (PORCINE) 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)	PG		
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
heparin (porcine) injection syringe 5,000 unit/ml	PG		
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	PG		
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	PG		
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	NPB		
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	PG		
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	PG		
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	PG		
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	NPB		
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	PG		
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	PG		
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	NPB		
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	PS	PA; LA	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE		HEMLIBRA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 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	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	NPS	PA; LA	ALPHANATE, HEMOFIL-M, HUMATE-P, WILATE
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; 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	PS	PA; 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	PS	PA; LA	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	FE		ADVATE, AFSTYLA, ALTUVIIIO, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	PS		
pentoxifylline oral tablet extended release 400 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PLAVIX ORAL TABLET 75 MG	FE		clopidogrel
PRADAXA ORAL CAPSULE 110 MG, 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 hcl oral tablet 10 mg, 5 mg	PG		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	PS	LA	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	PS	LA	
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	FE		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	FE		
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, ALTUVIIIO, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	PS	PA; LA	
rivaroxaban oral tablet 2.5 mg	PG		
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	PS	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)	PS	PA; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SEVENFACT INTRAVENOUS RECON SOLN 2 MG (2,000 MCG)	PS	PA	
TAVALISSE ORAL TABLET 100 MG, 150 MG	PS	PA; QL	
ticagrelor oral tablet 60 mg, 90 mg	PG		
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	PG		
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	PS	PA; 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	PS	PA; LA	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PS	PA; LA	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	FE		aspirin, esomeprazole magnesium, lansoprazole, omeprazole, 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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	PG	QL	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	FE		atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
atorvastatin oral tablet 10 mg, 20 mg	PG	QL; ACA	
atorvastatin oral tablet 40 mg, 80 mg	PG	QL	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NPB	ST; QL	amlodipine-atorvastatin
cholestyramine (with sugar) oral powder 4 gram	PG		
cholestyramine (with sugar) oral powder in packet 4 gram	PG		
cholestyramine light oral powder 4 gram	PG		
cholestyramine light oral powder in packet 4 gram	PG		
colesevelam oral powder in packet 3.75 gram	PG	ST	
colesevelam oral tablet 625 mg	PG	ST	
COLESTID ORAL GRANULES 5 GRAM	NPB		colestipol hcl
COLESTID ORAL TABLET 1 GRAM	NPB		colestipol hcl
colestipol oral granules 5 gram	PG		
colestipol oral packet 5 gram	PG		
colestipol oral tablet 1 gram	PG		
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	FE		rosuvastatin calcium
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	NPS		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
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	PG	QL	
fenofibrate micronized oral capsule 130 mg	PG	ST	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	PG		
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	FE		fenofibrate, fenofibric acid
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	PG		
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	PG		
fenofibrate oral tablet 40 mg	PG	ST	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	PG		
fenofibric acid oral tablet 105 mg, 35 mg	PG		
FIBRICOR ORAL TABLET 105 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	PG	QL; ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
fluvastatin oral tablet extended release 24 hr 80 mg	PG	QL; ACA	
gemfibrozil oral tablet 600 mg	PG		
icosapent ethyl oral capsule 0.5 gram, 1 gram	PG	PA	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	PS	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	FE		pitavastatin calcium
LOPID ORAL TABLET 600 MG	NPB		gemfibrozil
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PG	QL; ACA	
LOVAZA ORAL CAPSULE 1 GRAM	FE		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		Rx or OTC niacin-containing products
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	PG		
NIACOR ORAL TABLET 500 MG	FE		Rx or OTC niacin-containing products
omega-3 acid ethyl esters oral capsule 1 gram	PG	PA	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	PG	QL; ACA	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	FE		REPATHA SURECLICK

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PG	QL; ACA	
prevalite oral powder 4 gram	PG		
prevalite oral powder in packet 4 gram	PG		
QUESTRAN LIGHT ORAL POWDER 4 GRAM	NPB		
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	QL	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PB	QL	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PB	QL	
rosuvastatin oral tablet 10 mg, 5 mg	PG	QL; ACA	
rosuvastatin oral tablet 20 mg, 40 mg	PG	QL	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	NPB	ST; QL	ezetimibe, atorvastatin calcium, rosuvastatin calcium
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	QL; ACA	
simvastatin oral tablet 80 mg	PG	QL	
TRICOR ORAL TABLET 145 MG, 48 MG	FE		fenofibrate
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	NPS	PA	
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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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
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
ATTRUBY ORAL TABLET 356 MG	PS	PA	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	PS	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	
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	PB	QL	
FILSPARI ORAL TABLET 200 MG, 400 MG	FE		benazepril hcl, candesartan cilexetil, irbesartan, lisinopril, losartan potassium, ramipril, valsartan
ivabradine oral tablet 5 mg, 7.5 mg	PG	PA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LODOCO ORAL TABLET 0.5 MG	FE		colchicine
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	PG		
TRYVIO ORAL TABLET 12.5 MG	FE		amlodipine besylate, atenolol, benazepril hcl, diltiazem hcl, doxazosin mesylate, hydrochlorothiazide
VANRAFIA ORAL TABLET 0.75 MG	FE		
VECAMYL ORAL TABLET 2.5 MG	NPB	PA	clonidine hcl, RESERPINE
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PB	QL	
VYNDAMAX ORAL CAPSULE 61 MG	PS	PA; LA	
VYNDAQEL ORAL CAPSULE 20 MG	PS	PA; LA	
NITRATES			
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	NPB		nitroglycerin, nitroglycerin
ISORDIL ORAL TABLET 40 MG	NPB		isosorbide dinitrate
ISORDIL TITRADOSE ORAL TABLET 5 MG	NPB		isosorbide dinitrate
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	PG		
isosorbide mononitrate oral tablet 10 mg, 20 mg	PG		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	PG		
nitro-bid transdermal ointment 2 %	PG		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	NPB		nitroglycerin
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	PG		
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	PG		
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	NPB		nitroglycerin
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	NPB		nitroglycerin
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	NPB		nitroglycerin
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	PG		
DERMATOLOGICALS/TOPICAL THERAPY			
ANTIPSORIATIC / ANTISEBORRHEIC			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	PG		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	NPB	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	FE		SELARSDI, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA, USTEKINUMAB-TTWE, YESINTEK
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	FE		ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, SOTYKTU, STELARA, TALTZ AUTOINJECTOR, TREMFYA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	FE		SELARSDI, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA, USTEKINUMAB-TTWE, YESINTEK

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	FE		ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, SOTYKTU, STELARA, TALTZ AUTOINJECTOR, TREMFYA
calcipotriene scalp solution 0.005 %	PG	QL	
calcipotriene topical cream 0.005 %	PG	QL	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	FE		calcipotriene, calcitriol
calcipotriene topical ointment 0.005 %	PG	QL	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	PG	QL	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	PG	QL	
calcitriol topical ointment 3 mcg/gram	PG		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, SOTYKTU, TREMFYA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, SOTYKTU, TREMFYA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, SOTYKTU, TREMFYA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, SOTYKTU, TREMFYA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, SOTYKTU, TREMFYA

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	FE		TALTZ AUTOINJECTOR, ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, SOTYKTU, TREMFYA
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	FE		
DIOOXIA TOPICAL CREAM 0.005-4 %	FE		
drithocreme 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 %	PG	ST	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	FE		ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK, OMVOH, SKYRIZI, TREMFYA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	NPB		sodium sulfacetamide
OVACE PLUS TOPICAL CLEANSER 10 %	NPB		sodium sulfacetamide
OVACE PLUS TOPICAL CREAM 10 %	NPB		sodium sulfacetamide
OVACE PLUS TOPICAL LOTION 9.8 %	NPB		sodium sulfacetamide
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	NPB		sodium sulfacetamide
OVACE TOPICAL CLEANSER 10 %	NPB		sodium sulfacetamide

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PLENURA TOPICAL SOLUTION 0.05-0.005 %	FE		
PLEXION NS TOPICAL SHAMPOO 9.8 %	NPB		sodium sulfacetamide
PRAMOSONE TOPICAL CREAM 1-1 %	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
PURAZIL TOPICAL CREAM 0.005-4 %	FE		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26 ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK, OMVOH, SKYRIZI, TREMFYA
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA	
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL	
selenium sulfide topical lotion 2.5 %	PG		
selenium sulfide topical shampoo 2.25 %, 2.3 %	PG		
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	FE		ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PS	PA; QL; LA	
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; QL; LA	
SORILUX TOPICAL FOAM 0.005 %	FE		calcipotriene, calcitriol
SOTYKTU ORAL TABLET 6 MG	PS	PA; QL; LA	
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	NPS	PA; LA	
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA; LA	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PS	PA; QL; LA	
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL; LA	
STEQEYMA I.V. INTRAVENOUS SOLUTION 130 MG/26 ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK, OMVOH, SKYRIZI, TREMFYA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK
sulfacetamide sodium topical cleanser 10 %	PG		
sulfacetamide sodium topical cleanser, gel 10 %	PG		
sulfacetamide sodium topical shampoo 10 %, 9.8 %	PG		
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	FE		calcipotriene-betamethasone
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; QL; LA	
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; QL; LA	
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PS	PA; QL; LA	
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	PS	PA; QL; LA	
TERSI FOAM TOPICAL FOAM 2.25 %	NPB		selenium sulfide
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PS	PA; QL; LA	
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	PS	PA; QL; LA	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PS	PA; QL; LA	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PS	PA; QL; LA	
TRIONEX TOPICAL KIT 0.005 %	FE		
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26 ML	FE		
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA; LA	
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL; LA	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	NPB		calcitriol
VTAMA TOPICAL CREAM 1 %	PB	ST; QL	
WEZLANA I.V. INTRAVENOUS SOLUTION 130 MG/26 ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK, OMVOH, SKYRIZI, TREMFYA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	FE		SELARSDI, STELARA, USTEKINUMAB-TTWE, YESINTEK

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WYNZORA TOPICAL CREAM 0.005-0.064 %	NPB	QL	amcinonide, betamethasone dipropionate, betamethasone dp augmented, clobetasol propionate, calcipotriene, calcipotriene-betamethasone
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PS	PA	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PS	PA; QL	
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PS	PA; QL	
ZITHRANOL TOPICAL SHAMPOO 1 %	FE		
ZORYVE TOPICAL CREAM 0.15 %	PB	ST; QL	
ZORYVE TOPICAL CREAM 0.3 %	NPB	ST; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA
ZORYVE TOPICAL FOAM 0.3 %	NPB	ST; QL	betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate
BURN THERAPY			
SILVADENE TOPICAL CREAM 1 %	NPB		silver sulfadiazine
silver sulfadiazine topical cream 1 %	PG		
ssd topical cream 1 %	PG		
KERATOLYTICS			
KERALYT RX TOPICAL GEL 6 %	FE		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		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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		
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		
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	FE		
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	FE		salicylic acid
WAYZEN TOPICAL GEL 40-5 %	FE		
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	FE		
MISCELLANEOUS DERMATOLOGICALS			
abravo topical emulsion	FE		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	PS	PA; QL; LA	
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	PS	PA; QL; LA	
AMELUZ TOPICAL GEL 10 %	NPB		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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		fluorouracil, fluorouracil, fluorouracil
celacyn topical gel with pump	FE		
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	PS	PA; QL; LA	
CONDYLOX TOPICAL GEL 0.5 %	FE		podofilox
CORTANE-B TOPICAL LOTION 1-1-0.1 %	NPB		hc pramoxine
DAZINIA TOPICAL CREAM 2-1-2.5 %	FE		
derma-r topical cream	FE		
DERMASO PLUS TOPICAL CREAM	FE		
diclofenac sodium topical gel 3 %	PG	PA; QL	
doxepin topical cream 5 %	FE		alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	FE		BROMI-LOTION
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PS	PA; QL; LA	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	PS	PA; QL; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	PS	PA; QL; LA	
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	PS	PA; LA	
EFUDEX TOPICAL CREAM 5 %	NPB		fluorouracil
ELIDEL TOPICAL CREAM 1 %	FE		pimecrolimus
ELYZIA TOPICAL CREAM 0.1-1-4 %	FE		
ELYZIA TOPICAL OINTMENT 0.1-4 %	FE		
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	
FLUOROURACIL TOPICAL CREAM 0.5 %	FE		fluorouracil, fluorouracil, fluorouracil
fluorouracil topical cream 5 %	PG		
fluorouracil topical solution 2 %, 5 %	PG		
HALUCORT TOPICAL GEL	FE		
HAPRODERM TOPICAL GEL	FE		
HOVYN TOPICAL SOLUTION 0.1 %	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 %	NPS	PA	
imiquimod topical cream in metered-dose pump 3.75 %	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
imiquimod topical cream in packet 3.75 %, 5 %	PG		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	NPB		
IODOSORB TOPICAL GEL 0.9 %	NPB		
KAZURI TOPICAL GEL 5-0.05-1 %	FE		
KERASTAT TOPICAL CREAM	FE		
KERASTAT TOPICAL GEL 5 %	FE		
KERIDA TOPICAL GEL 5-0.1-30 %	FE		
KYNARA TOPICAL GEL 5-1-2 %	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	PG		
methyl salicylate oil	PG		
methyl salicylate topical liquid	PG		
MICURADERM TOPICAL EMULSION	FE		
NEOSALUS TOPICAL CREAM	FE		prumyx
NEOSALUS TOPICAL LOTION	FE		prumyx
NUJO TOPICAL SOLUTION 0.1 %	FE		
NUJU TOPICAL CREAM 0.1 %	FE		
NUTRASEB TOPICAL CREAM	FE		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OPZELURA TOPICAL CREAM 1.5 %	NPB	PA; QL	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE
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 %	PG	ST; QL	
podofilox topical gel 0.5 %	PG	QL	
podofilox topical solution 0.5 %	PG		
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 %	FE		alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
prumyx topical cream	FE		
QBREXZA TOPICAL TOWELETTE 2.4 %	FE		BROMI-LOTION
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	FE		
QUIHOXAXIA TOPICAL GEL 5-1-2 %	FE		
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	FE		
QUTENZA TOPICAL KIT 8 %	FE		lidocaine
REGRANEX TOPICAL GEL 0.01 %	PB	QL	
RYNODERM TOPICAL CREAM 37.5 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	NPS	PA	
SEBUDERM TOPICAL GEL	FE		
silver nitrate applicators topical stick 75-25 %	FE		
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	FE		
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	FE		BROMI-LOTION
SOLOX GEL TOPICAL GEL 55 PPM	FE		
sonafine topical emulsion	FE		
tacrolimus topical ointment 0.03 %, 0.1 %	PG	ST; QL	
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		
UREA TOPICAL LOTION 40 %	FE		urea
ure-k topical cream 50 %	FE		
UVADEX INJECTION SOLUTION 20 MCG/ML	PB		
VALCHLOR TOPICAL GEL 0.016 %	PS	PA; LA	
VEREGEN TOPICAL OINTMENT 15 %	FE		imiquimod, podofilox
VEVEN TOPICAL CREAM 0.1 %	FE		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	NPS	PA	
WELERIS TOPICAL GEL 17-2 %	FE		
wintergreen oil oil	PG		
XCLAIR TOPICAL CREAM	FE		emulsion sb
XIRUN TOPICAL GEL 10-40 %	FE		
XUREA TOPICAL CREAM 39 %	FE		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	NPS	LA	
ZONALON TOPICAL CREAM 5 %	NPB	ST; QL	alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	FE		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	FE		imiquimod
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	FE		imiquimod
THERAPY FOR ACNE			
ABENOR HP TOPICAL LOTION 15-4 %	FE		
ABENOR TOPICAL CREAM 10-4 %	FE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	FE		accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	NPB		accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	FE		clindamycin-benzoyl peroxide
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
ACIOXIAY TOPICAL CREAM 15-4 %	FE		
ACZONE TOPICAL GEL 5 %	NPB	ST	dapsone
ACZONE TOPICAL GEL WITH PUMP 7.5 %	NPB	ST	dapsone
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	FE		
ADALINA TOPICAL GEL 5-4 %	FE		
adapalene topical cream 0.1 %	PG		
adapalene topical gel 0.3 %	PG		
adapalene topical gel with pump 0.3 %	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADAPALENE TOPICAL LOTION 0.1 %	NPB	ST	adapalene, adapalene
adapalene topical solution 0.1 %	PG		
adapalene topical swab 0.1 %	PG	ST	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	PG		
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %	FE		
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	FE		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %	FE		
ADMIRAZOL TOPICAL CREAM 6-5-2 %	FE		
AKLIEF TOPICAL CREAM 0.005 %	NPB	ST	adapalene, tazarotene, tretinoin, tretinoin microsphere
ALIXI HP TOPICAL CREAM 8.5-4 %	FE		
ALIXI TOPICAL CREAM 6-4 %	FE		
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %	FE		
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	FE		
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	FE		
ALTRENO TOPICAL LOTION 0.05 %	NPB		tretinoin, tretinoin microsphere
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	FE		
ALURIS HP TOPICAL CREAM 0.1-4 %	FE		
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	FE		
ALURIS LP TOPICAL CREAM 0.025-4 %	FE		
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	FE		
ALURIS TOPICAL CREAM 0.05-4 %	FE		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ALURIS TOPICAL GEL 0.05-4 %	FE		
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %	FE		
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %	FE		
ALVOX HP TOPICAL CREAM 0.1-4 %	FE		
ALVOX TOPICAL CREAM 0.05-4 %	FE		
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PG		
AMZEEQ TOPICAL FOAM 4 %	NPB	ST	adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin
APEXOL HP TOPICAL SUSPENSION 5-10 %	FE		
APEXOL TOPICAL SUSPENSION 2-8 %	FE		
APHORIA TOPICAL GEL 0.3-2.5-4 %	FE		
APORIX TOPICAL GEL 1-4 %	FE		
APORIX TOPICAL LOTION 1-4 %	FE		
ARAZLO TOPICAL LOTION 0.045 %	NPB	PA	tazarotene, tretinoin, tretinoin microsphere
ARTILIS HP TOPICAL GEL 5-1-4 %	FE		
ARTILIS TOPICAL GEL 2.5-1-4 %	FE		
ATRALIN TOPICAL GEL 0.05 %	FE		tretinoin
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	FE		
AVAR LS TOPICAL CLEANSER 10-2 %	NPB	ST	sulfacetamide sodium-sulfur
avar topical cleanser 10-5 % (w/w)	PG		
AVAR-E TOPICAL CREAM 10-5 % (W/W)	NPB	ST	sulfacetamide sodium-sulfur
AVEIDA TOPICAL GEL 1-1 %	FE		
AVEIDAOXIA TOPICAL GEL 1-1-4 %	FE		
AVIDORA HP TOPICAL CREAM 0.05-1-4 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AVIDORA TOPICAL CREAM 0.025-1-4 %	FE		
AVIDORA TOPICAL SOLUTION 0.025-1-4 %	FE		
AWANIS TOPICAL CREAM 0.025-8.5-2 %	FE		
AZALTA HP TOPICAL GEL 0.05-5-2 %	FE		
AZALTA TOPICAL GEL 0.025-5-2 %	FE		
azelaic acid topical gel 15 %	PG		
AZELEX TOPICAL CREAM 20 %	NPB	ST	adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA
BENZAMYCIN TOPICAL GEL 3-5 %	NPB	ST	erythromycin-benzoyl peroxide
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	NPB	ST	
benzepro topical towelette 6 %	PG		
benzoyl peroxide topical cleanser 7 %	PG		
benzoyl peroxide topical foam 9.8 %	PG		
bp 10-1 topical cleanser 10-1 %	PG	ST	
brimonidine topical gel with pump 0.33 %	PG	PA	
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	PG		
cleansing wash topical cleanser 10-4-10 %	FE		
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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, tretinoin, tretinoin microsphere
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
ery pads topical swab 2 %	PG		
erygel topical gel 2 %	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
erythromycin with ethanol topical gel 2 %	PG		
erythromycin with ethanol topical solution 2 %	PG		
erythromycin-benzoyl peroxide topical gel 3-5 %	PG		
ETHOXIA TOPICAL CREAM 0.05-4 %	FE		
EVOCLIN TOPICAL FOAM 1 %	NPB	ST; QL	clindamycin phosphate
FABIOR TOPICAL FOAM 0.1 %	FE		tazarotene, tretinoin, tretinoin microsphere
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		
INZDEAXIAVAR 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	PG		
isotretinoin oral capsule 25 mg, 35 mg	PG	ST	
ITHOXIA TOPICAL CREAM 0.1-4 %	FE		
ivermectin topical cream 1 %	PG	ST; QL	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	FE		
METROCREAM TOPICAL CREAM 0.75 %	NPB	ST	metronidazole
METROGEL TOPICAL GEL 1 %	NPB	ST	metronidazole
metronidazole topical cream 0.75 %	PG		
metronidazole topical gel 0.75 %, 1 %	PG		
metronidazole topical gel with pump 1 %	PG		
metronidazole topical lotion 0.75 %	PG		
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	PB	PA	

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

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 %	PG		
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		
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
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	NPB	ST	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REMYDA TOPICAL GEL 0.25 %	FE		
RESTIMO TOPICAL GEL 1-1 %	FE		
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 %	PG		
rosadan topical gel 0.75 %	PG		
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	NPB	ST	metronidazole
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	NPB	ST	metronidazole
ROSITARA TOPICAL GEL 1-1-4 %	FE		
rosula cleansing cloths topical pads, medicated 10-5 %	PG		
ROSULA TOPICAL CLEANSER 10-4.5 %	NPB	ST	
ROVIS TOPICAL GEL 0.25-1-1-4 %	FE		
RUMILO TOPICAL CREAM 15-4 %	FE		
SAROXIA TOPICAL CREAM 0.05-4 %	FE		
SIRVANA TOPICAL GEL 0.025-5 %	FE		
SOOLANTRA TOPICAL CREAM 1 %	NPB	ST; QL	ivermectin
SORIXIA TOPICAL CREAM 0.05-4 %	FE		
sss 10-5 topical cream 10-5 % (w/w)	PG		
sss 10-5 topical foam 10-5 %	PG		
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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 %	PG		
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	PG		
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	PG		
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	PG		
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 %	PG	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 0.05 %, 0.1 %	PG	PA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TAZAROTENE TOPICAL FOAM 0.1 %	FE		tazarotene, tretinoin, tretinoin microsphere
tazarotene topical gel 0.05 %, 0.1 %	PG	PA	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	FE		tazarotene
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	FE		tazarotene
tretinoin microspheres topical gel 0.04 %, 0.1 %	PG		
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	PG		
tretinoin microspheres topical gel with pump 0.08 %	PG	ST	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	PG		
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	PG		
TWYNEO TOPICAL CREAM 0.1-3 %	NPB	ST	adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %	FE		
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 phos-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	PG		
ZIANA TOPICAL GEL 1.2-0.025 %	NPB	ST	clindamycin phos-tretinoin

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZILXI TOPICAL FOAM 1.5 %	FE		azelaic acid, ivermectin, metronidazole, rosula, FINACEA
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	FE		sulfacetamide sodium-sulfur
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 %	PG	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		
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 %	PG		
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	PG		
lidocaine hcl topical cream 3 %	FE		
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
lidocaine topical adhesive patch,medicated 5 %	PG	PA	
lidocaine topical ointment 5 %	PG	QL	
lidocaine viscous mucous membrane solution 2 %	PG		
lidocaine-prilocaine topical cream 2.5-2.5 %	PG	QL	
lidocaine-prilocaine topical kit 2.5-2.5 %	PG		
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	FE		
lidocan iii topical adhesive patch,medicated 5 %	PG	PA	
lidocan iv topical adhesive patch,medicated 5 %	PG	PA	
lidocan v topical adhesive patch,medicated 5 %	PG	PA	
lidocort topical cream 3-0.5 %	PG		
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	FE		lidocaine
lido-k topical lotion 3 %	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
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		
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	FE		
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	FE		lidocaine-prilocaine, lidocaine hcl
MOXICAINE TOPICAL KIT 5 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NUMBONEX TOPICAL LOTION 2.75 %	FE		
NUMBRINO NASAL SOLUTION 4 %	NPB		
PLIAGLIS TOPICAL CREAM 7-7 %	FE		lidocaine-prilocaine, lidocaine hcl
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	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		
BATIZIA TOPICAL OINTMENT 2-2 %	FE		
CENTANY AT TOPICAL OINTMENT KIT 2 %	NPB	ST; QL	mupirocin, mupirocin
CENTANY TOPICAL OINTMENT 2 %	NPB	ST; QL	mupirocin, mupirocin

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
corti-sav topical cream 1-1 %	FE		
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	FE		
gentamicin topical cream 0.1 %	PG	QL	
gentamicin topical ointment 0.1 %	PG	QL	
hydrocortisone-iodoquinl-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 %	PG		
mafenide acetate topical packet 50 gram	PG		
mupirocin calcium topical cream 2 %	PG	ST; QL	
mupirocin topical ointment 2 %	PG	QL	
NANRAN TOPICAL OINTMENT 2-2 %	FE		
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 %	PG		
sulfacetamide sodium (acne) topical suspension 10 %	PG		
SULFAMYLON TOPICAL CREAM 85 MG/G	PB		
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	FE		hydrocortisone
XEPI TOPICAL CREAM 1 %	NPB	ST; QL	mupirocin, mupirocin

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICAL ANTIFUNGALS			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	NPB		
CICLODAN KIT TOPICAL SOLUTION 8 %	NPB	ST	ciclopirox
ciclodan topical cream 0.77 %	PG		
ciclodan topical solution 8 %	PG		
ciclopirox topical cream 0.77 %	PG		
ciclopirox topical gel 0.77 %	PG		
ciclopirox topical shampoo 1 %	PG		
ciclopirox topical solution 8 %	PG		
ciclopirox topical suspension 0.77 %	PG		
ciclopirox-ure-camph-menth-euc topical solution 8 %	PG		
clotrimazole-betamethasone topical cream 1-0.05 %	PG		
clotrimazole-betamethasone topical lotion 1-0.05 %	PG		
DAFILOR TOPICAL SHAMPOO 0.77-2 %	FE		
DELIBON TOPICAL CREAM 2-2.5 %	FE		
DENVITA TOPICAL CREAM 2-4 %	FE		
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	FE		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	FE		
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 %	FE		
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	FE		
econazole nitrate topical cream 1 %	PG		
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EXELDERM TOPICAL CREAM 1 %	NPB		ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
EXELDERM TOPICAL SOLUTION 1 %	NPB		ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
EXODERM TOPICAL LOTION 25-1 %	FE		clotrimazole, ketoconazole, miconazole nitrate
EXTINA TOPICAL FOAM 2 %	NPB	ST	ketoconazole
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	FE		
FERVINA TOPICAL LOTION 3-5-20 %	FE		
FIDILA TOPICAL SHAMPOO 2-2 %	FE		
FILOMA TOPICAL SOLUTION 8-1-1 %	FE		
FRIVO TOPICAL CREAM 1-4 %	FE		
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 %	PG		
ketoconazole topical foam 2 %	PG	ST	
ketoconazole topical shampoo 2 %	PG		
ketodan kit topical combo pack 2 %	PG	ST	
ketodan topical foam 2 %	PG	ST	
klayesta topical powder 100,000 unit/gram	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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
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 %	PG		
naftifine topical gel 2 %	PG		
NAFTIN TOPICAL GEL 2 %	NPB		naftifine hcl
nyamyc topical powder 100,000 unit/gram	PG		
nystatin topical cream 100,000 unit/gram	PG		
nystatin topical ointment 100,000 unit/gram	PG		
nystatin topical powder 100,000 unit/gram	PG		
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	PG		
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	PG		
nystop topical powder 100,000 unit/gram	PG		
oxiconazole topical cream 1 %	PG		
OXISTAT TOPICAL LOTION 1 %	FE		oxiconazole nitrate, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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 %	PG	ST	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	FE		miconazole nitrate, clotrimazole, ketoconazole, nystatin
TOPICAL ANTIVIRALS			
acyclovir topical cream 5 %	PG	QL	
acyclovir topical ointment 5 %	PG	QL	
DENAVIR TOPICAL CREAM 1 %	NPB		penciclovir
penciclovir topical cream 1 %	PG		
XERESE TOPICAL CREAM 5-1 %	FE		acyclovir, acyclovir, famciclovir, penciclovir, valacyclovir
ZOVIRAX TOPICAL CREAM 5 %	NPB	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 %	PG		
alclometasone topical ointment 0.05 %	PG		
amcinonide topical cream 0.1 %	PG	ST	
amcinonide topical ointment 0.1 %	PG	ST	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
apexicon e topical cream 0.05 %	FE		amcinonide, betamethasone dipropionate, fluocinonide, fluocinonide-e, triamcinolone acetonide
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 %	FE		
beser topical lotion 0.05 %	PG	ST	
betamethasone dipropionate topical cream 0.05 %	PG		
betamethasone dipropionate topical lotion 0.05 %	PG		
betamethasone dipropionate topical ointment 0.05 %	PG		
betamethasone valerate topical cream 0.1 %	PG		
betamethasone valerate topical foam 0.12 %	PG	ST	
betamethasone valerate topical lotion 0.1 %	PG		
betamethasone valerate topical ointment 0.1 %	PG		
betamethasone, augmented topical cream 0.05 %	PG		
betamethasone, augmented topical gel 0.05 %	PG		
betamethasone, augmented topical lotion 0.05 %	PG		
betamethasone, augmented topical ointment 0.05 %	PG		
BRYHALI TOPICAL LOTION 0.01 %	NPB	ST	betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, 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		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	FE		
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	FE		
clobetasol scalp solution 0.05 %	PG	QL	
CLOBETASOL TOPICAL CREAM 0.025 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
clobetasol topical cream 0.05 %	PG	QL	
clobetasol topical foam 0.05 %	PG	ST; QL	
clobetasol topical gel 0.05 %	PG	QL	
clobetasol topical lotion 0.05 %	PG	ST; QL	
clobetasol topical ointment 0.05 %	PG	QL	
clobetasol topical shampoo 0.05 %	PG	ST; QL	
clobetasol topical spray,non-aerosol 0.05 %	PG	ST; QL	
clobetasol-emollient topical cream 0.05 %	PG	QL	
clobetasol-emollient topical foam 0.05 %	PG	ST; QL	
CLOBEX TOPICAL SHAMPOO 0.05 %	NPB	ST; QL	clobetasol propionate
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	NPB	ST; QL	clobetasol propionate
clocortolone pivalate topical cream 0.1 %	FE		betamethasone dipropionate, betamethasone valerate, fluticasone propionate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	NPB	ST; QL	betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
clodan topical shampoo 0.05 %	PG	ST; QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	NPB	ST	betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	NPB	ST	fluocinolone acetonide
DERMA-SMOOTHE/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 %	PG		
desonide topical gel 0.05 %	PG	ST	
desonide topical lotion 0.05 %	PG	ST	
desonide topical ointment 0.05 %	PG		
DESOWEN TOPICAL CREAM 0.05 %	NPB	ST	desonide
desoximetasone topical cream 0.05 %, 0.25 %	PG	ST	
desoximetasone topical gel 0.05 %	PG	ST	
desoximetasone topical ointment 0.05 %, 0.25 %	PG	ST	
desoximetasone topical spray,non-aerosol 0.25 %	PG	ST	
diflorasone topical cream 0.05 %	FE		amcinonide, betamethasone dipropionate, fluocinonide, fluocinonide-e, triamcinolone acetonide
diflorasone topical ointment 0.05 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, halobetasol propionate
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	NPB	ST	betamethasone dipropionate
DIVINIX TOPICAL CREAM 0.05-4 %	FE		
DIVINIX TOPICAL OINTMENT 0.05-4 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIVINIX TOPICAL SOLUTION 0.05-4 %	FE		
DOMELA TOPICAL CREAM 0.01-4 %	FE		
DUOBRII TOPICAL LOTION 0.01-0.045 %	NPB	ST; QL	tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate
DYNOMA TOPICAL CREAM 0.05-4 %	FE		
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %	FE		triamcinolone acetonide
fluocinolone and shower cap scalp oil 0.01 %	PG		
fluocinolone topical cream 0.01 %, 0.025 %	PG		
fluocinolone topical oil 0.01 %	PG		
fluocinolone topical ointment 0.025 %	PG		
fluocinolone topical solution 0.01 %	PG		
fluocinonide topical cream 0.05 %	PG	QL	
fluocinonide topical cream 0.1 %	PG	ST; QL	
fluocinonide topical gel 0.05 %	PG	QL	
fluocinonide topical ointment 0.05 %	PG	QL	
fluocinonide topical solution 0.05 %	PG	QL	
fluocinonide-e topical cream 0.05 %	PG	QL	
FLUOPAR TOPICAL KIT 0.1-5 %	FE		
FLUOXIA TOPICAL CREAM 0.05-4 %	FE		
flurandrenolide topical cream 0.05 %	FE		betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
flurandrenolide topical lotion 0.05 %	FE		betamethasone dipropionate, betamethasone valerate, fluocinolone acetonide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide
flurandrenolide topical ointment 0.05 %	FE		betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
fluticasone propionate topical cream 0.05 %	PG		
fluticasone propionate topical lotion 0.05 %	PG	ST	
fluticasone propionate topical ointment 0.005 %	PG		
halcinonide topical cream 0.1 %	FE		amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide
halcinonide topical solution 0.1 %	FE		amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide
halobetasol propionate topical cream 0.05 %	PG		
halobetasol propionate topical foam 0.05 %	PG	ST	
halobetasol propionate topical ointment 0.05 %	PG		
HALOG TOPICAL CREAM 0.1 %	NPB	ST	amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HALOG TOPICAL OINTMENT 0.1 %	NPB	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
hydrocortisone butyrate topical cream 0.1 %	PG	QL	
hydrocortisone butyrate topical lotion 0.1 %	PG	ST; QL	
hydrocortisone butyrate topical ointment 0.1 %	PG	ST; QL	
hydrocortisone butyrate topical solution 0.1 %	PG	ST; QL	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	FE		
hydrocortisone topical cream 2.5 %	PG		
hydrocortisone topical lotion 2 %, 2.5 %	PG		
hydrocortisone topical ointment 2.5 %	PG		
hydrocortisone topical solution 2.5 %	PG		
hydrocortisone valerate topical cream 0.2 %	PG		
hydrocortisone valerate topical ointment 0.2 %	PG		
HYDROXYM TOPICAL GEL 2 %	FE		
ILEXOR TOPICAL SHAMPOO 0.05-2 %	FE		
IMPOYZ TOPICAL CREAM 0.025 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	NPB	ST; QL	triamcinolone acetonide
mometasone topical cream 0.1 %	PG		
mometasone topical ointment 0.1 %	PG		
mometasone topical solution 0.1 %	PG		
NOXIPAK TOPICAL KIT 0.01-20 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
prednicarbate topical cream 0.1 %	PG		
prednicarbate topical ointment 0.1 %	PG		
QUINIXIL TOPICAL CREAM 0.1-5 %	FE		
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	NPB	ST	
scalacort topical lotion 2 %	PG		
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
TELIORA TOPICAL GEL 0.1-0.5 %	FE		
TETOXIA TOPICAL CREAM 0.01-4 %	FE		
TEXACORT TOPICAL SOLUTION 2.5 %	NPB	ST	hydrocortisone

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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 %	PG	ST; QL	
TOVET KIT TOPICAL COMBO PACK 0.05 %	FE		
triamcinolone acetonide topical aerosol 0.147 mg/gram	PG	ST; QL	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	PG		
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	PG		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	PG		
triamcinolone acetonide topical ointment 0.05 %	PG	ST	
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	FE		
triderm topical cream 0.5 %	PG	ST	
ULTRAVATE TOPICAL LOTION 0.05 %	FE		betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, 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 TDPAK 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		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICAL ENZYMES			
NEXOBRID TOPICAL GEL 8.8 %	NPB		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	PB	QL	
TOPICAL SCABICIDES / PEDICULICIDES			
crotan topical lotion 10 %	PG		
ELIMITE TOPICAL CREAM 5 %	NPB		permethrin
EURAX TOPICAL CREAM 10 %	NPB		crotan
EURAX TOPICAL LOTION 10 %	NPB		crotan
malathion topical lotion 0.5 %	PG		
NATROBA TOPICAL SUSPENSION 0.9 %	FE		spinosad
OVIDE TOPICAL LOTION 0.5 %	NPB		malathion
permethrin topical cream 5 %	PG		
spinosad topical suspension 0.9 %	PG		
ULESFIA TOPICAL LOTION 5 %	NPB		ivermectin, permethrin, malathion, spinosad
DIAGNOSTICS & MISCELLANEOUS AGENTS			
IRRIGATING SOLUTIONS			
lactated ringers irrigation solution	PG		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	PG		
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	NPB		
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	NPB		
ringer's irrigation solution	PG		
SORBITOL IRRIGATION SOLUTION 3 %	NPB		
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	NPB		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	FE		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MISCELLANEOUS AGENTS			
acamprosate oral tablet,delayed release (dr/ec) 333 mg	PG		
acetic acid irrigation solution 0.25 %	PG		
AGRYLIN ORAL CAPSULE 0.5 MG	NPB		anagrelide hydrochloride
anagrelide oral capsule 0.5 mg, 1 mg	PG		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	PS	PA; LA	
BKEMV INTRAVENOUS SOLUTION 300 MG/30 ML	FE		EPYSQLI, SOLIRIS
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	NPS	PA	sodium phenylbutyrate
BUPHENYL ORAL TABLET 500 MG	NPS	PA	sodium phenylbutyrate
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	PG		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	PS	PA; LA	
carglumic acid oral tablet, dispersible 200 mg	PS	PA	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	NPB		levocarnitine
CARNITOR ORAL SOLUTION 100 MG/ML	NPB		levocarnitine
CARNITOR ORAL TABLET 330 MG	NPB		levocarnitine
cevimeline oral capsule 30 mg	PG		
CHEMET ORAL CAPSULE 100 MG	PB	PA	
CUVRIOR ORAL TABLET 300 MG	FE		trientine hcl
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	PS	PA; LA	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	PS	PA; LA	
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	PS	PA; LA	
deferiprone oral tablet 1,000 mg, 500 mg	PS	PA; LA	
disulfiram oral tablet 250 mg, 500 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
droxidopa oral capsule 100 mg, 200 mg, 300 mg	NPS	PA; LA	desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	FE		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	PS	PA	
ENDARI ORAL POWDER IN PACKET 5 GRAM	FE		hydroxyurea, DROXIA, Siklos
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	PS	PA	
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	PS	PA	
EVOXAC ORAL CAPSULE 30 MG	NPB		cevimeline hcl
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	FE		deferasirox
FABHALTA ORAL CAPSULE 200 MG	PS	PA	
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	PS	PA	
FERRIPROX ORAL SOLUTION 100 MG/ML	PS	PA	
FERRIPROX ORAL TABLET 1,000 MG	NPS	PA	deferiprone (3 times a day)
FERRIPROX ORAL TABLET 500 MG	NPS	PA	deferiprone
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	NPS	PA; LA	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	PS	PA; LA	
glutamine (sickle cell) oral powder in packet 5 gram	PS	LA	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PS	PA	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	FE		deferasirox

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	FE		deferasirox
JOENJA ORAL TABLET 70 MG	NPS	PA; QL	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	NPS		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	PS	PA	
levocarnitine (with sugar) oral solution 100 mg/ml	PG		
levocarnitine oral solution 100 mg/ml	PG		
levocarnitine oral tablet 330 mg	PG		
LITFULO ORAL CAPSULE 50 MG	NPS	PA; QL; LA	betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone
LITHOSTAT ORAL TABLET 250 MG	NPB		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	PG		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	PS	PA; LA	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	PS	PA; LA	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	FE		atomoxetine hcl, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	NPS	PA	sodium phenylbutyrate, PHEBURANE
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	NPS	PA	nitisinone
ORFADIN ORAL SUSPENSION 4 MG/ML	NPS	PA	nitisinone, NITYR
PHEBURANE ORAL GRANULES 483 MG/GRAM	PS	PA; LA	
PIASKY INJECTION SOLUTION 340 MG/2 ML	FE		EPYSQLI, SOLIRIS

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	PS	PA; LA	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	NPS	PA; QL	
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	NPS	PA; QL	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	NPB		
RAVICTI ORAL LIQUID 1.1 GRAM/ML	FE		sodium phenylbutyrate, PHEBURANE
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	NPS	PA; LA	zoledronic acid
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	PS	PA	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	PS	PA; QL; LA	
RILUTEK ORAL TABLET 50 MG	NPB		riluzole
riluzole oral tablet 50 mg	PG		
risedronate oral tablet 30 mg	PG	QL	
RYONCIL INTRAVENOUS SUSPENSION 6.68 X 10EXP6 CELL/ML	PB	PA	
sodium chloride 0.9 % injection solution	PG		
sodium chloride 0.9 % intravenous parenteral solution	PG		
sodium chloride 0.9 % intravenous piggyback	PG		
sodium chloride injection syringe 0.9 %	PG		
sodium chloride irrigation solution 0.9 %	PG		
sodium phenylbutyrate oral powder 0.94 gram/gram	PG	PA	
sodium phenylbutyrate oral tablet 500 mg	PG	PA	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	NPS	PA; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	PS	PA; LA	
SYPRINE ORAL CAPSULE 250 MG	NPB	PA	trientine hcl
TAVNEOS ORAL CAPSULE 10 MG	NPS	QL	azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	NPS		riluzole
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	NPS		tiopronin, venxxiva
THIOLA ORAL TABLET 100 MG	FE		tiopronin
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	NPS		riluzole
tiopronin oral tablet 100 mg	PS	LA	
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	PS		
trientine oral capsule 250 mg	PG	PA	
TRIENTINE ORAL CAPSULE 500 MG	FE		trientine hcl
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	NPS	PA; LA	ENSPRYNG, EPYSQLI, SOLIRIS
VAFSEO ORAL TABLET 150 MG, 300 MG	FE		PROCRIT, RETACRIT
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	PS		
VEOPOZ INJECTION SOLUTION 200 MG/ML	NPS	PA	
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	PS	PA	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	NPS	PA	
water for irrigation, sterile irrigation solution	PG		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	PS	PA; LA	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	PS	PA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	FE		ARALAST NP, GLASSIA, PROLASTIN C
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	NPS	PA; QL	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	PS	PA; LA	
SMOKING DETERRENTS			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	PG	ACA	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	NPB	ACA	varenicline tartrate
CHANTIX ORAL TABLET 0.5 MG, 1 MG	NPB	ACA	varenicline tartrate
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	NPB	ACA	varenicline tartrate
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	PB	ACA	
NICORETTE BUCCAL GUM 2 MG	PB	ACA	
nicorette buccal gum 4 mg	PG	ACA	
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	PB	ACA	
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	PB	ACA	
nicotine (polacrilex) buccal gum 2 mg, 4 mg	PG	ACA	
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	PG	ACA	
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	PG	ACA	
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	PG	ACA	
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	PG	ACA	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	NPB	ACA	nicotine, nicotine gum
quit 2 buccal gum 2 mg	PG	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
quit 2 buccal lozenge 2 mg	PG	ACA	
quit 4 buccal gum 4 mg	PG	ACA	
quit 4 buccal lozenge 4 mg	PG	ACA	
stop smoking aid buccal lozenge 2 mg, 4 mg	PG	ACA	
varenicline tartrate oral tablet 0.5 mg, 1 mg	PG	ACA	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	PG	ACA	
EAR, NOSE & THROAT MEDICATIONS			
MISCELLANEOUS AGENTS			
ARESTIN DENTAL CARTRIDGE 1 MG	NPS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	PG	QL	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	PG		
CLINPRO 5000 DENTAL PASTE 1.1 %	NPB		sodium fluoride
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	FE		
denta 5000 plus dental cream 1.1 %	PG		
denta 5000 plus sensitive dental paste 1.1-5 %	PG		
dentagel dental gel 1.1 %	PG		
fluoride (sodium) dental cream 1.1 %	PG		
fluoride (sodium) dental gel 1.1 %	PG		
fluoride (sodium) dental paste 1.1 %	PG		
fluoride (sodium) dental solution 0.2 %	PG		
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	NPB		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
FLUORIMAX 5000 DENTAL PASTE 1.1 %	NPB		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	NPB		
fraiche 5000 dental gel 1.1 %	PG		
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	NPB		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	NPB		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	PG	QL	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	NPB		
kourzeq dental paste 0.1 %	PG		
MUGARD MUCOUS MEMBRANE SOLUTION	NPS		
olopatadine nasal spray,non-aerosol 0.6 %	PG	QL	
oralone dental paste 0.1 %	PG		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	NPB		
ORAPEUTIC MUCOUS MEMBRANE GEL	FE		
paroex oral rinse mucous membrane mouthwash 0.12 %	PG		
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	NPB		chlorhexidine gluconate
periogard mucous membrane mouthwash 0.12 %	PG		
pilocarpine hcl oral tablet 5 mg, 7.5 mg	PG		
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	NPB		denta 5000 plus, sf 5000 plus
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	NPB		sodium fluoride
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	NPB		sodium fluoride

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	NPS		
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	NPB		pilocarpine hcl
sf 5000 plus dental cream 1.1 %	PG		
sf dental gel 1.1 %	PG		
sodium fluoride 5000 plus dental cream 1.1 %	PG		
sodium fluoride-pot nitrate dental paste 1.1-5 %	PG		
triamcinolone acetonide dental paste 0.1 %	PG		
MISCELLANEOUS OTIC PREPARATIONS			
acetic acid otic (ear) solution 2 %	PG		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	FE		ciprofloxacin hcl, ofloxacin
ciprofloxacin hcl otic (ear) dropperette 0.2 %	PG		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	NPB		fluocinolone acetonide oil
flac otic oil otic (ear) drops 0.01 %	PG		
fluocinolone acetonide oil otic (ear) drops 0.01 %	PG		
hydrocortisone-acetic acid otic (ear) drops 1-2 %	PG		
ofloxacin otic (ear) drops 0.3 %	PG		
OTIC STEROID / ANTIBIOTIC			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	FE		ciprofloxacin-dexamethasone

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	PG		
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-%	PG		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	PG		
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	NPB		ciprofloxacin-dexamethasone
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
ACTHAR INJECTION GEL 80 UNIT/ML	NPS	PA; LA	
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	NPS	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	PG		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	FE		
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	FE		
deflazacort oral suspension 22.75 mg/ml	PS	PA; LA	
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	PG	ST	
dexamethasone intensol oral drops 1 mg/ml	PG		
dexamethasone oral elixir 0.5 mg/5 ml	PG		
dexamethasone oral solution 0.5 mg/5 ml	PG		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	PG		
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	PG	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	PG		
HEMADY ORAL TABLET 20 MG	FE		dexamethasone
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	PG		
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	NPB		methylprednisolone
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	NPB		methylprednisolone
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PG		
methylprednisolone oral tablets,dose pack 4 mg	PG		
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	PG		
millipred oral tablet 5 mg	PG		
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	NPB		prednisolone sodium phosphate
prednisolone oral solution 15 mg/5 ml	PG		
prednisolone oral tablet 5 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	PG		
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	PG		
prednisone intensol oral concentrate 5 mg/ml	PG		
prednisone oral solution 5 mg/5 ml	PG		
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PG		
prednisone oral tablets,dose pack 10 mg, 5 mg	PG		
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	NPB	ST	prednisone
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	NPB	ST	dexamethasone
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	NPS	PA; QL	methylprednisolone, prednisone
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	NPB		
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	NPS	LA	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	NPB	ST	dexamethasone
ANTITHYROID AGENTS			
methimazole oral tablet 10 mg, 5 mg	PG		
potassium iodide oral solution 1 gram/ml	PG		
propylthiouracil oral tablet 50 mg	PG		
SSKI ORAL SOLUTION 1 GRAM/ML	NPB		potassium iodide
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES			
FREESTYLE INSULINX STRIP	PB		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FREESTYLE INSULINX TEST STRIPS STRIP	PB		
FREESTYLE LITE STRIPS STRIP	PB		
FREESTYLE TEST STRIP	PB		
ONETOUCH ULTRA TEST STRIP	PB		
ONETOUCH ULTRA2 METER	PB		
ONETOUCH VERIO TEST STRIPS STRIP	PB		
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT			
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	PB		
GLUCOSE ELEVATING AGENTS			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	PB	QL	
diazoxide oral suspension 50 mg/ml	PG		
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	FE		glucagon emergency kit, BAQSIMI, GVOKE
glucagon emergency kit (human) injection recon soln 1 mg	PG	QL	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	PB	QL	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU			
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	PB		
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	PB		
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)	FE		INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, 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
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 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		

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-200
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		INSULIN GLARGINE-YFGN, SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	FE		INSULIN GLARGINE-YFGN, 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		INSULIN GLARGINE-YFGN, 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)	PB		
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
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		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	PB		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	FE		INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	FE		INSULIN GLARGINE-YFGN, SEMGLEE (YFGN)
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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVOLOG 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
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		INSULIN GLARGINE-YFGN, 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		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PS	PA; LA	
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	PS	PA	
cabergoline oral tablet 0.5 mg	PG	QL	
calcitonin (salmon) injection solution 200 unit/ml	PG		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	PG		
CERDELGA ORAL CAPSULE 84 MG	PS	PA; QL; LA	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	PS	PA; LA	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	PG	PA	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	NPS	PA	
CRENESSITY ORAL SOLUTION 50 MG/ML	NPS	PA	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	PS	PA; QL; LA	
danazol oral capsule 100 mg, 200 mg, 50 mg	PG		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	NPB		desmopressin acetate
desmopressin injection solution 4 mcg/ml	PS	LA	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	PG		
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	PB		
desmopressin oral tablet 0.1 mg, 0.2 mg	PG		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	PG		

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	PS	PA	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	PB	PA	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	NPS	PA; LA	
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG	NPS		
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	PG	PA	
testosterone enanthate intramuscular oil 200 mg/ml	PG	PA	
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	PS	PA; QL	
tolvaptan (polycys kidney dis) 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)	PS	PA	
tolvaptan oral tablet 15 mg, 30 mg	PS	PA; QL; LA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	PS	PA; LA	
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	NPS	PA; LA	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	FE		CEREZYME
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	NPS	PA	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NPB		paricalcitol
zoledronic acid intravenous recon soln 4 mg	PS	LA	
zoledronic acid intravenous solution 4 mg/5 ml	PS	LA	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	PS	LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	NPS	LA	
NON-INSULIN HYPOGLYCEMIC AGENTS			
acarbose oral tablet 100 mg, 25 mg, 50 mg	PG		
ACTOPLUS MET ORAL TABLET 15-850 MG	NPB	QL	pioglitazone-metformin
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	NPB	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
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 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		SYNJARDY, SYNJARDY XR, XIGDUO XR
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	FE		FARXIGA, JARDIANCE
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	NPB	QL	pioglitazone-glimepiride
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml	PG	ST; QL	
FARXIGA ORAL TABLET 10 MG, 5 MG	PB	ST; QL	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PG		
GLIMEPIRIDE ORAL TABLET 3 MG	FE		glimepiride

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
glipizide oral tablet 10 mg, 5 mg	PG		
GLIPIZIDE ORAL TABLET 2.5 MG	FE		glipizide
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	PG		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PG		
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	NPB		glipizide er
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	PG		
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PG		
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PG		
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		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		SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA ORAL TABLET 100 MG, 300 MG	FE		FARXIGA, JARDIANCE
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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	FE		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
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	PG	ST; QL	
metformin oral solution 500 mg/5 ml	PG	ST	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	PG		
METFORMIN ORAL TABLET 625 MG	FE		metformin hcl
metformin oral tablet 750 mg	PG	ST	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	PG	QL	
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	PB	ST; QL	
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	PG	PA; QL	
miglitol oral tablet 100 mg, 25 mg, 50 mg	PG		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PB	ST; QL	
nateglinide oral tablet 120 mg, 60 mg	PG		
NESINA ORAL TABLET 12.5 MG, 25 MG	FE		saxagliptin hcl, JANUVIA
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	NPB	ST; QL	pioglitazone hcl, saxagliptin hcl, JANUVIA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PB	ST; QL	
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	PG	QL	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	PG	QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	PG	QL	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	NPB		acarbose
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	PG		
RIOMET ORAL SOLUTION 500 MG/5 ML	NPB	ST	metformin hcl
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PB	ST; QL	
saxagliptin oral tablet 2.5 mg, 5 mg	PG	ST; QL	
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	PG	ST; QL	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	FE		SYNJARDY, SYNJARDY XR, XIGDUO XR
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	FE		saxagliptin hcl, JANUVIA
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	FE		
STEGLATRO ORAL TABLET 15 MG, 5 MG	FE		FARXIGA, JARDIANCE
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	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRADJENTA ORAL TABLET 5 MG	FE		saxagliptin hcl, JANUVIA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	PB	ST	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PB	ST; QL	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	FE		liraglutide
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	FE		liraglutide
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	
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	FE		saxagliptin-metformin er, JANUMET, JANUMET XR
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	PG		
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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	PG		
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	PG		
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	PG		
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	PG		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	PG		
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	PG		
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	FE		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	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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
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	PG		
GASTROENTEROLOGY			
ANTIDIARRHEALS & ANTISPASMODICS			
anaspaz oral tablet,disintegrating 0.125 mg	PG		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	PG	PA; QL	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	PG		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	FE		glycopyrrolate
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	FE		glycopyrrolate
dicyclomine oral capsule 10 mg	PG		
dicyclomine oral solution 10 mg/5 ml	PG		
dicyclomine oral tablet 20 mg	PG		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	PG		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	PG		
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	NPB		phenohytro

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	NPB		phenohytro
ed-spaz oral tablet,disintegrating 0.125 mg	PG		
GLYCATE ORAL TABLET 1.5 MG	NPB		glycopyrrolate
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	PG		
glycopyrrolate oral tablet 1 mg, 2 mg	PG		
glycopyrrolate oral tablet 1.5 mg	FE		glycopyrrolate 1 mg or 2 mg tablets
hyoscyamine sulfate oral drops 0.125 mg/ml	PG		
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	PG		
hyoscyamine sulfate oral tablet 0.125 mg	PG		
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	PG		
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	PG		
hyoscyamine sulfate sublingual tablet 0.125 mg	PG		
hyosyne oral drops 0.125 mg/ml	PG		
hyosyne oral elixir 0.125 mg/5 ml	PG		
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	NPB		hyoscyamine sulfate
LEVSIN ORAL TABLET 0.125 MG	NPB		hyoscyamine sulfate
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	NPB		hyoscyamine sulfate
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	FE		clidinium w/chlordiazepoxide, dicyclomine-containing product AND hyoscamine-containing product
LOMOTIL ORAL TABLET 2.5-0.025 MG	NPB		diphenoxylate w/atropine
methscopolamine oral tablet 2.5 mg, 5 mg	NPG		glycopyrrolate
MOTOFEN ORAL TABLET 1-0.025 MG	NPB		diphenoxylate w/atropine

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	PG		
oscimin oral tablet 0.125 mg	PG		
oscimin sl sublingual tablet 0.125 mg	PG		
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	PG		
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	PG		
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	PG		
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	PG		
ROBINUL FORTE ORAL TABLET 2 MG	NPB		glycopyrrolate
ROBINUL ORAL TABLET 1 MG	NPB		glycopyrrolate
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	NPB		hyoscyamine sulfate
symax fastabs oral tablet,disintegrating 0.125 mg	PG		
symax-sl sublingual tablet 0.125 mg	PG		
symax-sr oral tablet extended release 12 hr 0.375 mg	PG		
MISCELLANEOUS 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	PG		
alvimopan oral capsule 12 mg	PG		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	FE		lubiprostone

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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
ANTIVERT ORAL TABLET 50 MG	FE		meclizine hcl
anucort-hc rectal suppository 25 mg	PG		
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
aprepitant oral capsule 125 mg, 40 mg, 80 mg	PG	QL	
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	PG	QL	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	NPB	ST	mesalamine er
AVSOLA INTRAVENOUS RECON SOLN 100 MG	FE		INFLECTRA
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	NPB	ST	sulfasalazine
AZULFIDINE ORAL TABLET 500 MG	NPB	ST	sulfasalazine
balsalazide oral capsule 750 mg	PG		
betaine oral powder 1 gram/scoop	PS	PA	
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	FE		doxylamine succ-pyridoxine hcl
budesonide oral capsule,delayed,extend.release 3 mg	PG		
budesonide oral tablet,delayed and ext.release 9 mg	PG	ST	
budesonide rectal foam 2 mg/actuation	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	NPS	PA; QL; LA	cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
BYLVAY ORAL PELLET 200 MCG, 600 MCG	NPS	PA; QL; LA	cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
CANASA RECTAL SUPPOSITORY 1,000 MG	FE		mesalamine
CHENODAL ORAL TABLET 250 MG	PS	PA	
CHOLBAM ORAL CAPSULE 250 MG	PS	PA	
CHOLBAM ORAL CAPSULE 50 MG	PS	PA; QL	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	FE		ENBREL, OTEZLA, SKYRIZI, STELARA, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	FE		ENBREL, OTEZLA, SKYRIZI, STELARA, SOTYKTU, TALTZ AUTOINJECTOR, TREMFYA
citrate of magnesia oral solution	PG	ACA	
citroma oral solution	PG	ACA	
clearlax oral powder 17 gram/dose	PG	ACA	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/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	PG		
constulose oral solution 10 gram/15 ml	PG		
CORTENEMA RECTAL ENEMA 100 MG/60 ML	NPB		hydrocortisone
CORTIFOAM RECTAL FOAM 10 % (80 MG)	FE		budesonide, hydrocortisone

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	PB		
cromolyn oral concentrate 100 mg/5 ml	PG		
CTEXLI ORAL TABLET 250 MG	PS	PA	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	FE		betaine anhydrous
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,delayed release (dr/ec) 10-10 mg	PG	ST	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	PG		
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	PG	ACA	
EMEND ORAL CAPSULE 80 MG	FE		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	PS	PA; LA	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	FE		ENTYVIO, OMVOH, OMVOH PEN, SKYRIZI ON-BODY, STELARA, VELSIPITY
enulose oral solution 10 gram/15 ml	PG		
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	FE		budesonide
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	NPB		cromolyn sodium

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	NPS	PA; LA	
gavilax oral powder 17 gram/dose	PG	ACA	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	PG	ACA	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	PG	ACA	
gavilyte-n oral recon soln 420 gram	PG	ACA	
generlac oral solution 10 gram/15 ml	PG		
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	PG	ACA	
gentlelax oral powder 17 gram/dose	PG	ACA	
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	PG	QL	
hemmorex-hc rectal suppository 25 mg, 30 mg	PG		
hydrocortisone acetate rectal suppository 25 mg, 30 mg	PG		
hydrocortisone rectal enema 100 mg/60 ml	PG		
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	PG		
hydrocortisone-pramoxine rectal cream 1-1 %	PG		
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	PG	ST	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	FE		hydrocortisone acetate, hc pramoxine
IBSRELA ORAL TABLET 50 MG	FE		lubiprostone, LINZESS, TRULANCE
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	FE		INFLECTRA
IQIRVO ORAL TABLET 80 MG	PS	PA; LA	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	NPB		lactulose
lactulose oral packet 10 gram	FE		lactulose solution
lactulose oral packet 20 gram	PG		
lactulose oral solution 10 gram/15 ml	PG		
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
laxative peg 3350 oral powder 17 gram/dose	PG	ACA	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	FE		mesalamine
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	PG		
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	NPB		lidocaine-hc
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-2.5 % (7 gram)	PG		
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	PG		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	PB		
LIVDELZI ORAL CAPSULE 10 MG	PS	PA	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	NPS	PA	cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	FE		cholestyramine, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	FE		alosetron hcl
lubiprostone oral capsule 24 mcg, 8 mcg	PG		
magnesium citrate oral solution	PG	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	NPB		dronabinol
meclizine oral tablet 50 mg	PG		
mesalamine oral capsule (with del rel tablets) 400 mg	PG		
mesalamine oral capsule, extended release 500 mg	PG	ST	
mesalamine oral capsule,extended release 24hr 0.375 gram	PG	ST	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	PG		
mesalamine rectal enema 4 gram/60 ml	PG		
mesalamine rectal suppository 1,000 mg	PG	ST	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	PG		
metoclopramide hcl oral solution 5 mg/5 ml	PG		
metoclopramide hcl oral tablet 10 mg, 5 mg	PG		
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	PG	ACA	
milk of magnesia oral suspension 400 mg/5 ml	PG	ACA	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	FE		prucalopride
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	PG	ACA	
nitroglycerin rectal ointment 0.4 % (w/w)	PG		
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	FE		Epifoam, hydrocortisone-pramoxine cream, Pramosone cream, Pramosone lotion, or Pramosone ointment
OCALIVA ORAL TABLET 10 MG, 5 MG	PS	PA; QL; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	PS	PA; LA	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	PS	PA; QL; LA	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	PS	PA; QL	
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; QL; LA	
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	PS	PA; QL	
ondansetron hcl oral solution 4 mg/5 ml	PG	QL	
ondansetron hcl oral tablet 4 mg, 8 mg	PG	QL	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	FE		ondansetron odt
ondansetron oral tablet,disintegrating 4 mg, 8 mg	PG	QL	
onelax magnesium citrate oral solution	PG	ACA	
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	PG	ACA	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	PB		
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	PG	ACA	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	PG	ACA	
peg-electrolyte soln oral recon soln 420 gram	PG	ACA	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	PB		
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	NPB		mesalamine er

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG	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	PG	ACA	
powderlax oral powder 17 gram/dose	PG	ACA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PG		
prochlorperazine rectal suppository 25 mg	PG		
PROCORT RECTAL CREAM 1.85-1.15 %	NPB		hc pramoxine, pramoxine hcl w/hydrocortisone
PROCTOCORT RECTAL SUPPOSITORY 30 MG	NPB		hydrocortisone acetate
PROCTOFOAM HC RECTAL FOAM 1-1 %	FE		pramoxine hcl w/hydrocortisone
procto-med hc topical cream with perineal applicator 2.5 %	PG		
proctosol hc topical cream with perineal applicator 2.5 %	PG		
proctozone-hc topical cream with perineal applicator 2.5 %	PG		
prucalopride oral tablet 1 mg, 2 mg	PG		
purelax oral powder 17 gram/dose	PG	ACA	
REBYOTA RECTAL ENEMA 150 ML	NPS	LA	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	PB		
REGLAN ORAL TABLET 10 MG, 5 MG	NPB		metoclopramide hcl
RELISTOR ORAL TABLET 150 MG	FE		lubiprostone, MOVANTIK, SYMPROIC

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	NPB		mesalamine
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PS	PA; LA	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PS	PA; QL; LA	
smoothlax oral powder 17 gram/dose	PG	ACA	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	PG	ACA	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	PS	PA	
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	PG		
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	PG		
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	FE		sod sulf-potass sulf-mag sulf

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
TRULANCE ORAL TABLET 3 MG	PB		
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	NPB		budesonide er
UCERIS RECTAL FOAM 2 MG/ACTUATION	NPB		budesonide
URSO FORTE ORAL TABLET 500 MG	NPB		ursodiol
ursodiol oral capsule 200 mg, 300 mg, 400 mg	PG		
ursodiol oral tablet 250 mg, 500 mg	PG		
VARUBI ORAL TABLET 90 MG	PB	QL	
VELSIPITY ORAL TABLET 2 MG	PS	PA; QL; LA	
VIBERZI ORAL TABLET 100 MG, 75 MG	PB		
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	PB		
VOWST ORAL CAPSULE	NPS		
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	PG	ACA	
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		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	PS	PA; QL; LA	
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	PS	PA; QL; LA	
ULCER THERAPY			
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	FE		rabeprazole sodium
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	PG	QL	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	PG		
CARAFATE ORAL SUSPENSION 100 MG/ML	FE		sucralfate
CARAFATE ORAL TABLET 1 GRAM	FE		sucralfate
cimetidine hcl oral solution 300 mg/5 ml	PG		
cimetidine oral tablet 300 mg, 400 mg, 800 mg	PG		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	NPB		misoprostol
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	PG		
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	PG	ST; QL	
esomeprazole magnesium oral granules dr for susp in packet 40 mg	PG	ST	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	PG		
famotidine oral tablet 40 mg	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	FE		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	PG		
lansoprazole oral tablet,disintegrat, delay rel 15 mg	PG	ST; QL	
lansoprazole oral tablet,disintegrat, delay rel 30 mg	PG	ST	
misoprostol oral tablet 100 mcg, 200 mcg	PG		
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	FE		esomeprazole magnesium
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	FE		esomeprazole magnesium
nizatidine oral capsule 150 mg, 300 mg	PG		
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	NPB	QL	bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	PG	QL	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	PG		
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	PB	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	PG	ST	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	PG	QL	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	FE		pantoprazole sodium
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		esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	PG		
sucralfate oral suspension 100 mg/ml	PG		
sucralfate oral tablet 1 gram	PG		
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	PB	QL	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	NPB		bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	NPB	ST	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	NPB		bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY			
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	NPS	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	PS	PA; QL; LA	
FYLNETRA 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	PS	PA; QL; LA	
LEUKINE INJECTION RECON SOLN 250 MCG	PS	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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	FE		FULPHILA, ZIEXTENZO
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	NPS	PA	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	FE		NIVESTYM
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PS	PA; QL; LA	
ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	PS	PA	
GROWTH HORMONES			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	PS	PA; LA	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	PS	PA; LA	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PS	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)	PS	PA; LA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NORDITROPIN FLEXPRO 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)	PS	PA; LA	
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PS	PA; LA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PS	PA; LA	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	FE		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	PS	PA; LA	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	PB		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	FE		hydroxyurea
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PS	QL; LA	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PS	QL; LA	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS			

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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 TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
ALYGLO INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	PB	ACA	
ASCENIV INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	PB		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PB	ACA	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	PB		
BIVIGAM INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PB	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	FE		AIMOVIG AUTOINJECTOR, AJOVY AUTOINJECTOR, EMGALITY, QULIPTA, DYSPORT, MYOBLOC, BROMI-LOTION
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
COMIRNATY 2024-25 (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 %)	NPS	PA; LA	XEMBIFY
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	PS	PA; LA	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	PB	ACA	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	FE		DYSPORT, MYOBLOC
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	PB		
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	PS	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	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	NPS	PA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	PB	ACA	
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	PB	ACA	
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	PB	ACA	
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	PB	ACA	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	PS	PA	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	PS	PA; LA	
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	PS	PA; LA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	PS	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	
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 %)	NPS	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 %)	NPS	PA; LA	XEMBIFY

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	NPS	PA; LA	GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PB		
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	PB	ACA	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	PB	ACA	
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	PB		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	PB		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	PB	ACA	
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	
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 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	PB	ACA	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	PB	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	PS	PA; LA	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	PB	ACA	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	PS	PA	
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	FE		
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		
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		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	FE		
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	FE		
PALFORZIA INITIAL (4-17 YRS) 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 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	PB	ACA	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	PB	ACA	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	PB	ACA	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	PB	ACA	
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	PB	ACA	
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	PB	ACA	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	PB	ACA	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	PB	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRIVIGEN INTRAVENOUS SOLUTION 10 %	NPS	PA; LA	GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	PB	ACA	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	PB	ACA	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	PB	ACA	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PB		
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PB	ACA	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PB	ACA	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	PB	ACA	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	PB	ACA	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PB	ACA	
SPIKEVAX 2024-2025(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		
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PB	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	
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	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	PB	ACA	
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	PB		
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 %)	PS	PA; LA	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	FE		DYSPORT, MYOBLOC
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	PB		
MUSCULOSKELETAL & RHEUMATOLOGY			
GOUT THERAPY			
allopurinol oral tablet 100 mg, 200 mg, 300 mg	PG		
colchicine oral capsule 0.6 mg	PG	ST	
colchicine oral tablet 0.6 mg	PG		
COLCRYS ORAL TABLET 0.6 MG	FE		colchicine
febuxostat oral tablet 40 mg, 80 mg	PG	ST	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	NPB		colchicine, MITIGARE
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	PS	PA; LA	
MITIGARE ORAL CAPSULE 0.6 MG	PB	ST	
probenecid oral tablet 500 mg	PG		
probenecid-colchicine oral tablet 500-0.5 mg	PG		
ULORIC ORAL TABLET 40 MG, 80 MG	FE		febuxostat
ZYLOPRIM ORAL TABLET 100 MG	NPB		allopurinol
OSTEOPOROSIS THERAPY			

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ACTONEL ORAL TABLET 150 MG, 35 MG	NPB	ST; QL	risedronate sodium
alendronate oral solution 70 mg/75 ml	PG	QL	
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	PG	QL	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	NPB	ST; QL	risedronate sodium dr
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	NPB	ST; QL	alendronate sodium
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	FE		alendronate sodium, ibandronate sodium, risedronate sodium, teriparatide, zoledronic acid, TYMLOS
EVISTA ORAL TABLET 60 MG	NPB		raloxifene hcl
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	FE		teriparatide
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	PS	PA; LA	
ibandronate intravenous syringe 3 mg/3 ml	PS	PA; LA	
ibandronate oral tablet 150 mg	PG	QL	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	FE		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	FE		alendronate sodium, ibandronate sodium, risedronate sodium, teriparatide, zoledronic acid, TYMLOS
raloxifene oral tablet 60 mg	PG		
risedronate oral tablet 150 mg, 35 mg, 5 mg	PG	QL	
risedronate oral tablet,delayed release (dr/ec) 35 mg	PG	QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	PS	PA; QL; LA	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	NPS	PA; QL	teriparatide, TYMLOS
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PS	PA; QL; LA	
OTHER RHEUMATOLOGICALS			
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, 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), SIMLANDI(CF) AUTOINJECTOR
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PS	PA; QL; LA	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PS	PA; LA	
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PS	PA; 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, SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AACF(CF) PEN CROHNS 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, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-AACF(CF) PEN PS-UV 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, SIMLANDI(CF) AUTOINJECTOR
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, 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), SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	PS	PA; QL; LA	
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PS	PA; QL; LA	
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	PS	PA; QL; LA	
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	PS	PA; QL; LA	
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	PS	PA; QL; LA	
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	PS	PA; QL; LA	
ADALIMUMAB-FKJP 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, SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	PS	PA; QL	
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	PS	PA; QL	
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-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(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-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR
ARAVA ORAL TABLET 10 MG, 20 MG	NPB	QL	leflunomide
AURANOFIN ORAL CAPSULE 3 MG	PB		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	PS	PA; LA	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PS	PA; QL; LA	
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PS	PA; QL; LA	
CUPRIMINE ORAL CAPSULE 250 MG	FE		penicillamine

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

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

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, 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), 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, 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), SIMLANDI(CF) AUTOINJECTOR
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) 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, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(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	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
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	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR

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

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	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	FE		ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), SIMLANDI(CF) AUTOINJECTOR
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	FE		ACTEMRA, ENBREL, INFLECTRA, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	FE		ACTEMRA, ENBREL, INFLECTRA, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	FE		ACTEMRA, ENBREL, INFLECTRA, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	FE		
leflunomide oral tablet 10 mg, 20 mg	PG	QL	
OLUMIANT ORAL TABLET 1 MG, 2 MG	FE		ACTEMRA, ENBREL, INFLECTRA, RINVOQ, TYENNE, XELJANZ, XELJANZ XR
OLUMIANT ORAL TABLET 4 MG	FE		betamethasone valerate, clobetasol e, cyclosporine, dexamethasone, fluocinonide, methotrexate, prednisone

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	FE		ENBREL, OTEZLA, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, TREMFYA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	FE		ENBREL, OTEZLA, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, TREMFYA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	FE		ENBREL, OTEZLA, SKYRIZI, STELARA, TALTZ AUTOINJECTOR, TREMFYA
OTEZLA ORAL TABLET 20 MG, 30 MG	PS	PA; QL; LA	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	PS	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	PG		
penicillamine oral tablet 250 mg	PG		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	PB	ST	
RIDAURA ORAL CAPSULE 3 MG	PB		
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PS	PA; QL; LA	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PS	PA; QL; LA	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	PB	ST; QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PS	PA; QL; LA	
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PS	PA; QL	
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	PS	PA; QL	
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	PS	PA; QL; LA	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	NPS	PA; LA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, INFLECTRA, SIMLANDI(CF) AUTOINJECTOR, SIMPONI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	PS	PA; QL; LA	
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	FE		ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; QL; LA	
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	FE		ENBREL, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TALTZ AUTOINJECTOR, TREMFYA
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	FE		ACTEMRA, TYENNE

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PS	PA; QL; LA	
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PS	PA; LA	
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PS	PA; QL; LA	
XELJANZ ORAL SOLUTION 1 MG/ML	PS	PA; QL; LA	
XELJANZ ORAL TABLET 10 MG, 5 MG	PS	PA; QL; LA	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PS	PA; QL; LA	
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	FE		ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
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, 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), SIMLANDI(CF) AUTOINJECTOR

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, 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 TROPICAL 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	PS	ACA	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	NPS	ACA; LA	KYLEENA, MIRENA, SKYLA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	PS	ACA	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	NPS	ACA	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PS	ACA	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	PS	ACA	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	PB	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	NPB	ACA	
ESTROGENS & PROGESTINS			
ACTIVELLA ORAL TABLET 1-0.5 MG	NPB		estradiol-norethindrone acetat
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	NPB		estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	FE		estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
camila oral tablet 0.35 mg	PG	ACA	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	FE		COMBIPATCH
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	NPB	QL	estradiol
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	PB		
covaryx h.s. oral tablet 0.625-1.25 mg	PG		
covaryx oral tablet 1.25-2.5 mg	PG		
CRINONE VAGINAL GEL 4 %	FE		medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone
deblitane oral tablet 0.35 mg	PG	ACA	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG	QL	
DUAVEE ORAL TABLET 0.45-20 MG	PB		
eemt hs oral tablet 0.625-1.25 mg	PG		
eemt oral tablet 1.25-2.5 mg	PG		
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	FE		estradiol, estradiol, estradiol
emzahh oral tablet 0.35 mg	PG	ACA	
errin oral tablet 0.35 mg	PG	ACA	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	NPB		estradiol
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	FE		estradiol
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PG		
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	PG	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 %)	PG	QL	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
estradiol vaginal tablet 10 mcg	PG		
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	PG		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PG		
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	NPB		estrogen & methyltestosterone
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	NPB		
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
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	PG		
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	NPB	QL	estradiol, 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	PG		
gallifrey oral tablet 5 mg	PG		
heather oral tablet 0.35 mg	PG	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	PG	ACA	
jencycla oral tablet 0.35 mg	PG	ACA	
jinteli oral tablet 1-5 mg-mcg	PG		
lyleq oral tablet 0.35 mg	PG	ACA	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	PG	QL	
lyza oral tablet 0.35 mg	PG	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sharobel oral tablet 0.35 mg	PG	ACA	
tulana oral tablet 0.35 mg	PG	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	PG		
MISCELLANEOUS OB/GYN			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	NPB	QL; ACA	drospirenone-ethinyl estradiol, eluryng, etonogestrel-ethinyl estradiol, junel fe, sprintec, tri-sprintec, xulane
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	NPB		
CLEOCIN VAGINAL CREAM 2 %	NPB		clindamycin phosphate
CLEOCIN VAGINAL SUPPOSITORY 100 MG	NPB		clindamycin phosphate, metronidazole, XACIATO
clindamycin phosphate vaginal cream 2 %	PG		
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	NPB		clindamycin phosphate, metronidazole, XACIATO
eluryng vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
enilloring vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
fem ph vaginal gel 0.9-0.025 %	PG		
GYNAZOLE-1 VAGINAL CREAM 2 %	NPB		terconazole
haloette vaginal ring 0.12-0.015 mg/24 hr	PG	ACA	
INTRAROSA VAGINAL INSERT 6.5 MG	FE		estradiol, estradiol, yuvafem, PREMARIN
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
miconazole-3 vaginal suppository 200 mg	PG		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	PB		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PS	ACA	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	PG	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
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		fem ph
terconazole vaginal cream 0.4 %, 0.8 %	PG		
terconazole vaginal suppository 80 mg	PG		
tranexamic acid oral tablet 650 mg	PG		
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	PB		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	FE		blisovi fe, eluryng, etonogestrel-ethinyl estradiol, hailey fe, junel fe, larin fe, xulane
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	PG		

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
dolishale oral tablet 90-20 mcg (28)	PG	ACA	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	PG	ACA	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PG	ACA	
econtra ez oral tablet 1.5 mg	PG	QL; ACA	
econtra one-step oral tablet 1.5 mg	PG	QL; ACA	
elinest oral tablet 0.3-30 mg-mcg	PG	ACA	
ELLA ORAL TABLET 30 MG	PB	QL; ACA	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
enskyce oral tablet 0.15-0.03 mg	PG	ACA	
estarylla oral tablet 0.25-0.035 mg	PG	ACA	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PG	ACA	
falmina (28) oral tablet 0.1-20 mg-mcg	PG	ACA	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	FE		charlotte 24 fe, finzala, kaitlib fe, layolis fe, mibelas 24 fe, norethindrone-ethin estradiol, wymzya fe
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
hailey oral tablet 1.5-30 mg-mcg	PG	ACA	
her style oral tablet 1.5 mg	PG	QL; ACA	

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	PG	ACA	
lessina oral tablet 0.1-20 mg-mcg	PG	ACA	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PG	ACA	
levonorgestrel oral tablet 1.5 mg	PG	QL; ACA	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	PG	ACA	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
levora-28 oral tablet 0.15-0.03 mg	PG	ACA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	FE		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, norethindrone-e.estradiol-iron, tarina fe
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	PG	ACA	
loryna (28) oral tablet 3-0.02 mg	PG	ACA	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	PG	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
lo-zumandimine (28) oral tablet 3-0.02 mg	PG	ACA	
lutera (28) oral tablet 0.1-20 mg-mcg	PG	ACA	
marlissa (28) oral tablet 0.15-0.03 mg	PG	ACA	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	PG	ACA	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	PG	ACA	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
mili oral tablet 0.25-0.035 mg	PG	ACA	
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PG	ACA	
mono-linyah oral tablet 0.25-0.035 mg	PG	ACA	
my choice oral tablet 1.5 mg	PG	QL; ACA	
my way oral tablet 1.5 mg	PG	QL; ACA	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	FE		blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, sprintec, tri-sprintec
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
new day oral tablet 1.5 mg	PG	QL; ACA	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	FE		aurovela fe, blisovi fe, drospirenone-ethinyl estradiol, estarylla, junel fe, tri-sprintec, sprintec
nikki (28) oral tablet 3-0.02 mg	PG	ACA	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	PG	ACA	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PG	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	PG	ACA	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PG	ACA	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	PG	ACA	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	PG	ACA	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	PG	ACA	
ocella oral tablet 3-0.03 mg	PG	ACA	
opcicon one-step oral tablet 1.5 mg	PG	QL; ACA	
option-2 oral tablet 1.5 mg	PG	QL; ACA	
philith oral tablet 0.4-35 mg-mcg	PG	ACA	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	PB	QL; ACA	
portia 28 oral tablet 0.15-0.03 mg	PG	ACA	
reclipsen (28) oral tablet 0.15-0.03 mg	PG	ACA	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	PG	ACA	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	FE		drospirenone-eth estra-levomef
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PG	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	PG	ACA	
SLYND ORAL TABLET 4 MG (28)	FE		camila, deblitane, errin, heather, lyza, norethindrone acetate, sharobel
sprintec (28) oral tablet 0.25-0.035 mg	PG	ACA	
sronyx oral tablet 0.1-20 mg-mcg	PG	ACA	
syeda oral tablet 3-0.03 mg	PG	ACA	
TAKE ACTION ORAL TABLET 1.5 MG	NPB	QL; ACA	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	PG	ACA	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	PG	ACA	
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)	PG	ACA	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PG	ACA	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	PG	ACA	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	PG	ACA	
turqoz (28) oral tablet 0.3-30 mg-mcg	PG	ACA	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	FE		altavera, aviane, falmina, lessina, levonorgestrel-eth estradiol, portia, vienva
valtya oral tablet 1-50 mg-mcg	PG	ACA	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	PG	ACA	
vestura (28) oral tablet 3-0.02 mg	PG	ACA	
vienva oral tablet 0.1-20 mg-mcg	PG	ACA	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PG	ACA	
vyfemla (28) oral tablet 0.4-35 mg-mcg	PG	ACA	
vylibra oral tablet 0.25-0.035 mg	PG	ACA	
wera (28) oral tablet 0.5-35 mg-mcg	PG	ACA	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	PG	ACA	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PG	ACA	
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	PG	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	PG	ACA	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	PG	ACA	
zumandimine (28) oral tablet 3-0.03 mg	PG	ACA	
OXYTOCICS			

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
methylergonovine oral tablet 0.2 mg	PG	QL	
OPHTHALMOLOGY			
ANTIBIOTICS			
AZASITE OPHTHALMIC (EYE) DROPS 1 %	PB		
bacitracin ophthalmic (eye) ointment 500 unit/gram	PG		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	PG		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	FE		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 %	PG		
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	PG		
gatifloxacin ophthalmic (eye) drops 0.5 %	PG		
gentamicin ophthalmic (eye) drops 0.3 %	PG		
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	PG		
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	NPB	ST	
moxifloxacin ophthalmic (eye) drops 0.5 %	PG		
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	PG		
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	NPB	ST	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	NPB	ST	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	PB		
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	PG		
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	PG		
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	PG		
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	NPB		ofloxacin
ofloxacin ophthalmic (eye) drops 0.3 %	PG		
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	PG		
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	PG		
povidone-iodine ophthalmic (eye) solution 5 %	PG		
tobramycin ophthalmic (eye) drops 0.3 %	PG		
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	NPB		
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	NPB		tobramycin sulfate
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	NPB		moxifloxacin hcl
ANTIVIRALS			
trifluridine ophthalmic (eye) drops 1 %	PG		
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	NPB		trifluridine
BETA-BLOCKERS			
betaxolol ophthalmic (eye) drops 0.5 %	PG		
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	FE		timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	NPB		betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate
carteolol ophthalmic (eye) drops 1 %	PG		
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	FE		timolol maleate
levobunolol ophthalmic (eye) drops 0.5 %	PG		
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	PG	ST	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	PG		
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	PG	ST	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	PG	ST	
timolol ophthalmic (eye) drops 0.5 %	PG	ST	
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 %	PS		
CYCLOPLEGIC MYDRIATICS			
atropine ophthalmic (eye) drops 0.01 %, 1 %	PG		
ATROPINE OPHTHALMIC (EYE) DROPS 0.025 %, 0.05 %	NPB		
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 %	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	PG		
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %-0.5 %	NPB		
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %-0.4 %	NPB		
homatropaire ophthalmic (eye) drops 5 %	PG		
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	NPB		
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	NPB		tropicamide
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	PG		
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	PG		
DIRECT ACTING MIOTICS			
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	NPB		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	PG		
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	FE		
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
altacaine ophthalmic (eye) drops 0.5 %	PG		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	NPB		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AVENOVA TOPICAL SPRAY,NON-AEROSOL 0.01 %	FE		
azelastine ophthalmic (eye) drops 0.05 %	PG		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	NPS	LA	PAVBLU
bepotastine besilate ophthalmic (eye) drops 1.5 %	PG	ST	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	FE		bepotastine besilate
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.25 MG/0.09 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	PS	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	PS	LA	
cromolyn ophthalmic (eye) drops 4 %	PG		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	NPB		
cyclosporine ophthalmic (eye) dropperette 0.05 %	PG	ST; QL	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	FE		CYSTARAN
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	PS	PA	
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	NPB		
ENCELTO INTRAVITREAL IMPLANT 200,000 TO 440,000 CELL	NPS	PA	
epinastine ophthalmic (eye) drops 0.05 %	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	FE		PAVBLU
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	NPB		
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	PG		
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	NPB		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	NPB		
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)	PS	PA; LA	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	PB	ST; QL	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	NPB		
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	NPB		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	PS	PA; LA	
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	NPB		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	PG		
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	NPB		
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	NPB		
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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		
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS 1-0.5-0.5 %	FE		
proparacaine ophthalmic (eye) drops 0.5 %	PG		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	PB	ST; QL	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	NPB	ST; QL	cyclosporine
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	FE		
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 %	PG		
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		PAVBLU
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 %	PS	QL	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	PB	ST; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	PG		
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	FE		bromfenac sodium
diclofenac sodium ophthalmic (eye) drops 0.1 %	PG		
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	PG		
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	NPB		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	PG		
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE		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	PG		
acetazolamide oral tablet 125 mg, 250 mg	PG		
methazolamide oral tablet 25 mg, 50 mg	PG		
OTHER GLAUCOMA 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
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	FE		brinzolamide
bimatoprost ophthalmic (eye) drops 0.03 %	PG		
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	NPB		
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	NPB		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	PG		
brinzolamide ophthalmic (eye) drops,suspension 1 %	PG		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	NPB	ST	brimonidine tartrate-timolol
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	FE		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 %	PG		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	PG		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	PG		
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 %	PG		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	FE		bimatoprost, latanoprost, tafluprost, travoprost
miostat intraocular solution 0.01 %	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	NPB	ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	NPB	ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	NPB		brimonidine tartrate, brinzolamide, dorzolamide-timolol
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	PG	ST	
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 %	NPB		
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	NPB		
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	NPB		
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	FE		travoprost
travoprost ophthalmic (eye) drops 0.004 %	PG	ST	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	FE		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		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	NPB		neo/polymyxin/dexamethasone
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	NPB		neo/polymyxin/dexamethasone
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	PG		
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	PG		
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	PG		
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	PG		
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	PG		
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	NPB		
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	NPB		
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	NPB		tobramycin-dexamethasone
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	FE		tobramycin-dexamethasone
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	PG		
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

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

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOTEMAX 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 %	PG	ST	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	PG	ST	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	PS	LA	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB		prednisolone acetate
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	FE		dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NPB		
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	PG		
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	PG		
RETISERT INTRAVITREAL IMPLANT 0.59 MG	NPS	LA	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	NPS	LA	OZURDEX

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
STEROID-SULFONAMIDE COMBINATIONS			
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	PG		
SULFONAMIDES			
sulfacetamide sodium ophthalmic (eye) drops 10 %	PG		
sulfacetamide sodium ophthalmic (eye) ointment 10 %	PG		
SYMPATHOMIMETICS			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	NPB	ST	brimonidine tartrate
apraclonidine ophthalmic (eye) drops 0.5 %	PG		
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	PG		
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	NPB	ST	brimonidine tartrate
VASOCONSTRICTOR DECONGESTANTS			
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	NPB		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	PG		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	FE		
RESPIRATORY, ALLERGY, COUGH & COLD			
ANTIHISTAMINE & ANTIALLERGENIC 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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG		
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
carbinoxamine maleate oral tablet 4 mg, 6 mg	PG		
CLARINEX ORAL TABLET 5 MG	NPB	QL	desloratadine
clemastine oral syrup 0.5 mg/5 ml	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride, clemastine tablets, diphenhydramine, chlorpheniramine
clemastine oral tablet 2.68 mg	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
clemasz oral tablet 2.68 mg	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
cyproheptadine oral syrup 2 mg/5 ml	PG		
cyproheptadine oral tablet 4 mg	PG		
desloratadine oral tablet 5 mg	PG	QL	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	PG	QL	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	FE		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	PG	QL	epinephrine (by TEVA, Mylan)

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
epinephrine injection auto-injector 0.3 mg/0.3 ml	PG	QL	epinephrine (by TEVA, Amneal, Avkare, Mylan)
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	FE		
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	PG		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG		
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	PG		
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	FE		carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML)	PB		
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)	PB	QL	
promethazine oral syrup 6.25 mg/5 ml	PG		
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	PG		
promethazine rectal suppository 12.5 mg, 25 mg	PG		
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PG		
RYCLORA ORAL SOLUTION 2 MG/5 ML	NPB		dexchlorpheniramine maleate

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RYVENT ORAL TABLET 6 MG	NPB		carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
COUGH & COLD THERAPY			
benzonatate oral capsule 100 mg, 150 mg, 200 mg	PG		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	NPB		bromipheniramin-pseudoephed-dm
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	PG		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NPB	QL	desloratadine, fexofenadine-pse er
codeine-guaifenesin oral liquid 10-100 mg/5 ml	PG	QL	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	NPB	QL	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	QL	guaifenesin dac, VIRTUSSIN DAC
g tussin ac oral liquid 10-100 mg/5 ml	PG	QL	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	NPB	QL	promethazine vc w/codeine
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	NPB	QL	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	NPB	QL	hydrocodone/homatropine
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	PG	QL	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	PG	QL	
hydrocodone-homatropine oral tablet 5-1.5 mg	PG	QL	
hydromet oral solution 5-1.5 mg/5 ml	PG	QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	NPB	QL	g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
maxi-tuss ac oral liquid 10-100 mg/5 ml	PG	QL	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	NPB	QL	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	NPB	QL	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	QL	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	PG	QL	
promethazine-dm oral syrup 6.25-15 mg/5 ml	PG		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	PG		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	NPB		
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	NPB	QL	
PULMONARY AGENTS			
ACCOLATE ORAL TABLET 10 MG, 20 MG	NPB		zafirlukast
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	PG		
ADCIRCA ORAL TABLET 20 MG	FE		tadalafil
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PS	PA; QL; LA	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	FE		fluticasone-salmeterol, wixela inhub

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	PB	QL	
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	PG		
albuterol sulfate oral syrup 2 mg/5 ml	PG		
albuterol sulfate oral tablet 2 mg, 4 mg	PG		
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	PG		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	FE		ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	PS	PA; QL; LA	
alyq oral tablet 20 mg	PS	PA; QL	
ambrisentan oral tablet 10 mg, 5 mg	PS	PA; QL; LA	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	PB	QL	
arformoterol inhalation solution for nebulization 15 mcg/2 ml	PG	QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PB	QL	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PB	QL	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	PB	QL	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	NPB	QL	budesonide-formoterol fumarate, tiotropium bromide, ANORO ELLIPTA, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	PG	ST; QL	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	FE		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	PS	PA; QL; LA	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	PB	QL	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	PG	QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	PB	QL	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NPS	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	PG	QL	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	PG	QL	
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	FE		DUPIXENT, FASENRA, NUCALA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	PS	PA; QL; LA	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	PB	QL	
cromolyn inhalation solution for nebulization 20 mg/2 ml	PG		
DALIRESP ORAL TABLET 250 MCG, 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	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	FE		azelastine-fluticasone
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	NPB		theophylline anhydrous

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ESBRIET ORAL CAPSULE 267 MG	FE		pirfenidone
ESBRIET ORAL TABLET 267 MG, 801 MG	FE		pirfenidone
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PS	PA; QL; LA	
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PS	PA; QL; LA	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	FE		icatibant
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	PG	ST; QL	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	FE		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	PG	QL	
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	PG	ST; QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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	PG	QL	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	PS	PA; QL; LA	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	NPB		sodium chloride
icatibant subcutaneous syringe 30 mg/3 ml	PS	PA; QL	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	PB	QL	
ipratropium bromide inhalation solution 0.02 %	PG		
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	PG	QL	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	NPS	PA; QL; LA	icatibant
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PS	PA; QL; LA	
KALYDECO ORAL TABLET 150 MG	PS	PA; QL; LA	
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	PG		
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)

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mometasone nasal spray,non-aerosol 50 mcg/actuation	PG	ST; QL	
montelukast oral granules in packet 4 mg	PG		
montelukast oral tablet 10 mg	PG		
montelukast oral tablet,chewable 4 mg, 5 mg	PG		
nebusal inhalation solution for nebulization 3 %	PG		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	NPB		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PS	PA; QL; LA	
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PS	PA; QL	
OFEV ORAL CAPSULE 100 MG, 150 MG	PS	PA; QL; LA	
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	FE		ANORO ELLIPTA, STIOLTO RESPIMAT, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT, ADVAIR HFA, BREO ELLIPTA, DULERA
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	FE		flunisolide, fluticasone propionate, mometasone furoate
OPSUMIT ORAL TABLET 10 MG	PS	PA; QL; LA	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	PS	PA; QL; LA	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	PS	PA; QL; LA	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PS	PA; QL; LA	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	NPS	PA; QL	HAEGARDA, TAKHZYRO

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	FE		formoterol fumarate
pirfenidone oral capsule 267 mg	PS	PA; QL; LA	
pirfenidone oral tablet 267 mg, 801 mg	PS	PA; QL; LA	
PIRFENIDONE ORAL TABLET 534 MG	FE		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 %	PG		
PULMOZYME INHALATION SOLUTION 1 MG/ML	PS	PA; LA	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	FE		flunisolide, fluticasone propionate, mometasone furoate
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	PB	QL	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	NPS	PA; LA	sildenafil citrate
REVATIO ORAL TABLET 20 MG	NPS	PA; QL; LA	sildenafil citrate
roflumilast oral tablet 250 mcg	PG	PA; QL	
roflumilast oral tablet 500 mcg	PG	PA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	PS	PA; QL; LA	
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	NPB	ST; QL	azelastine hcl, azelastine-fluticasone, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl
sajazir subcutaneous syringe 30 mg/3 ml	PS	PA; QL; LA	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	FE		STRIVERDI RESPIMAT
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	PS	PA; LA	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	PS	PA; QL; LA	
sildenafil (pulm.hypertension) oral tablet 20 mg	PS	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	NPS		
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	PG		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	PB	QL	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	NPB	QL	tiotropium bromide
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	PB	QL	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	PB	QL	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	NPB	PA; QL	breyna, budesonide-formoterol fumarate
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	PS	PA; QL; LA	
tadalafil (pulm. hypertension) oral tablet 20 mg	PS	PA; 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)	PS	PA; QL; LA	
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	PS	PA; QL; LA	
terbutaline oral tablet 2.5 mg, 5 mg	PG		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	PS	PA; QL; LA	
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	PS	PA; QL; LA	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	NPB		theophylline anhydrous
theophylline oral elixir 80 mg/15 ml	PG		
theophylline oral solution 80 mg/15 ml	PG		
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	PG		
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	PG		
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	FE		
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRACLEER ORAL TABLET 125 MG, 62.5 MG	NPS	PA; QL; LA	bosentan
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	PS	PA; QL; LA	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	PB	QL	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	PS	PA; QL; LA	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	PS	PA; QL; LA	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	FE		tiotropium bromide, INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	PS	PA; LA	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PS	PA; LA	
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PS	PA; LA	
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PS	PA; LA	
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	FE		
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	NPS	PA; 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)

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	PS	PA; LA	
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	PG	ST; QL	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	PB	ST; QL	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PS	PA; QL; LA	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PS	PA; QL; LA	
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PS	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	PG		
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	FE		flunisolide, fluticasone propionate, mometasone furoate
zileuton oral tablet, er multiphase 12 hr 600 mg	FE		montelukast sodium, zafirlukast
ZYFLO ORAL TABLET 600 MG	FE		montelukast sodium, zafirlukast
UROLOGICALS			
ANTICHOLINERGICS & ANTISPASMODICS			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	PG		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	PG		
flavoxate oral tablet 100 mg	PG		
GEMTESA ORAL TABLET 75 MG	NPB		mirabegron er, MYRBETRIQ

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	PG		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	PB		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	PB		
oxybutynin chloride oral syrup 5 mg/5 ml	PG		
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	FE		darifenacin er, fesoterodine fumarate er, oxybutynin chloride, tolterodine tartrate er, trospium chloride, MYRBETRIQ
oxybutynin chloride oral tablet 5 mg	PG		
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	PG		
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	NPB	ST; QL	fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ
solifenacin oral tablet 10 mg, 5 mg	PG		
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	PG		
tolterodine oral tablet 1 mg, 2 mg	PG		
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	FE		fesoterodine fumarate er
trospium oral capsule,extended release 24hr 60 mg	PG		
trospium oral tablet 20 mg	PG		
VESICARE LS ORAL SUSPENSION 1 MG/ML	FE		oxybutynin chloride, MYRBETRIQ
VESICARE ORAL TABLET 10 MG, 5 MG	FE		solifenacin succinate

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY			
alfuzosin oral tablet extended release 24 hr 10 mg	PG		
AVODART ORAL CAPSULE 0.5 MG	FE		dutasteride
dutasteride oral capsule 0.5 mg	PG	ST	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	PG	ST	
ENTADFI ORAL CAPSULE 5-5 MG	FE		finasteride, tadalafil
finasteride oral tablet 5 mg	PG		
FLOMAX ORAL CAPSULE 0.4 MG	NPB		tamsulosin hcl
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	NPB	ST	dutasteride-tamsulosin
PROSCAR ORAL TABLET 5 MG	NPB	ST	finasteride
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	FE		silodosin
silodosin oral capsule 4 mg, 8 mg	PG		
tamsulosin oral capsule 0.4 mg	PG		
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	PG		
MISCELLANEOUS UROLOGICALS			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	PS		
ELMIRON ORAL CAPSULE 100 MG	PB		
K-PHOS NO 2 ORAL TABLET 305-700 MG	NPB		phospha 250 neutral, K-PHOS ORIGINAL
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	PB		
mb caps oral capsule 120-10.8-40.8 mg	PG		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORACIT ORAL SOLUTION 490-640 MG/5 ML	NPB		oral citrate
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	PG		
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	FE		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		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	FE		
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	FE		
sodium citrate-citric acid oral solution 490-640 mg/5 ml	PG		
URELLE ORAL TABLET 81-10.8-40.8 MG	NPB		phosphasal, uretron d-s
uretron d-s oral tablet 81.6-10.8-40.8 mg	PG		
URIBEL 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	PG		
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	FE		uro-mp, uro-sp
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
urogesic-blue oral tablet 81.6-40.8-0.12 mg	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
uro-mp oral capsule 118-10-40.8-36 mg	PG		
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	NPB		methenamine mandelate
uro-sp oral capsule 118-10-40.8-36 mg	PG		
uryl oral tablet 81.6-40.8-0.12 mg	PG		
URINARY ANESTHETICS			
phenazopyridine oral tablet 100 mg, 200 mg	PG		
PYRIDIUM ORAL TABLET 100 MG, 200 MG	FE		phenazopyridine hcl
VITAMINS, HEMATINICS & ELECTROLYTES			
ELECTROLYTES			
AURYXIA ORAL TABLET 210 MG IRON	NPB		
calcium acetate(phosphat bind) oral capsule 667 mg	PG		
calcium acetate(phosphat bind) oral tablet 667 mg	PG		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	NPB		effer-k, klor-con-ef
effer-k oral tablet, effervescent 25 meq	PG		
FERRIC CITRATE ORAL TABLET 210 MG IRON	FE		
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	FE		
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	FE		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	NPS		
klor-con 10 oral tablet extended release 10 meq	PG		
klor-con 8 oral tablet extended release 8 meq	PG		
klor-con m10 oral tablet,er particles/crystals 10 meq	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
klor-con m15 oral tablet,er particles/crystals 15 meq	PG		
klor-con m20 oral tablet,er particles/crystals 20 meq	PG		
klor-con oral packet 20 meq	PG		
klor-con/ef oral tablet, effervescent 25 meq	PG		
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	PG		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	PB		
lugols oral solution 5 %	PG		
POKONZA ORAL PACKET 10 MEQ	FE		potassium chloride
potassium chloride oral capsule, extended release 10 meq, 8 meq	PG		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	PG		
potassium chloride oral packet 20 meq	PG		
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	PG		
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	NPB		
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	PG		
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	NPB		
RENVELA ORAL TABLET 800 MG	NPB		
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	PG		
sevelamer carbonate oral tablet 800 mg	PG		
sevelamer hcl oral tablet 400 mg, 800 mg	PG		
sodium polystyrene sulfonate oral powder	PG		
sps (with sorbitol) oral suspension 15-20 gram/60 ml	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
sps (with sorbitol) rectal enema 30-40 gram/120 ml	PG		
strong iodine oral solution 5 %	PG		
VELPHORO ORAL TABLET,CHEWABLE 500 MG	PB		
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	PB		
XPHOZAH ORAL TABLET 20 MG, 30 MG	FE		
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	NPS	PA; LA	
VITAMINS & HEMATINICS			
AZESCO ORAL TABLET 13 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
b complex 1 (with folic acid) oral tablet 0.4 mg	PG	ACA	
b complex-vitamin c-folic acid oral tablet 400 mcg	PG	ACA	
balanced b-100 oral tablet 0.4 mg	PG	ACA	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	PG		
b-complex with vitamin c oral tablet 400-500 mcg-mg	PG	ACA	
cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)	PG		
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	PG		
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
classic prenatal oral tablet 28 mg iron-800 mcg	PG	ACA	
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	PG		
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	PG		
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
dialyvite 800 oral tablet 0.8 mg	PG	ACA	
flotrex oral tablet,chewable 0.25 mg, 0.5 mg	PG	ACA	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PG	ACA	
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	PG	ACA	
folic acid oral tablet 400 mcg, 800 mcg	PG	ACA	
folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg	PG	ACA	
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	PG	ACA	
full spectrum b-vitamin c oral tablet 0.8 mg	PG	ACA	
kobee oral tablet 0.4 mg	PG	ACA	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	PG	ACA	

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
m-natal plus oral tablet 27 mg iron- 1 mg	PG		
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	PG	ACA	
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	PG	ACA	
mynatal oral capsule 65 mg iron- 1 mg	PG		
mynatal plus oral tablet 65 mg iron- 1 mg	PG		
mynatal-z oral tablet 65 mg iron- 1 mg	PG		
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	FE		m-natal plus, prenatabs rx, prenatal plus, prenatal plus, se-natal 19, se-natal 19, westab plus
NEONATAL COMPLETE ORAL TABLET 29-1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
neo-vital rx oral tablet 27 mg iron- 1 mg	PG		
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	NPB		complete natal dha, pnv-dha, prena1 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	PG		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	NPB		complete natal dha, pnv-dha, prena1 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, prena1 pearl, prenaissance plus, westgel dha
one daily prenatal oral combo pack 28-800-440 mg-mcg-mg	PG	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	PG		
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	PG		
pr natal 400 oral combo pack 29-1-400 mg	PG		
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	PG		
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	PG		
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG	FE		complete natal dha, pnv-dha, prena1 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
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
prenatabs fa oral tablet 29-1 mg	PG		
prenatabs rx oral tablet 29 mg iron- 1 mg	PG		
prenatal complete oral tablet 14 mg iron-400 mcg	PG	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	PG	ACA	
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal one daily oral tablet 27 mg iron-800 mcg	PG	ACA	
prenatal oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	PG		
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
prenatal plus oral tablet 29 mg iron- 1 mg	PG		
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	PG	ACA	
prenatal vitamin oral tablet 27 mg iron-0.8 mg	PG	ACA	
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	PG	ACA	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG - 300 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRIMACARE ORAL CAPSULE 30-1-300 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
rena-vite oral tablet 0.8 mg	PG	ACA	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	PG		
se-natal 19 oral tablet 29 mg iron- 1 mg	PG		
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	PG	ACA	
soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PG	ACA	
stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron	PG	ACA	
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	PG	ACA	
super b-50 complex oral capsule 400 mcg-20 mg- 50 mg	PG	ACA	
super quints oral tablet 0.4 mg	PG	ACA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
TRICARE ORAL TABLET 27 MG IRON- 1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
tricon oral capsule 110-0.5 mg	PG	ACA	
trinatal rx 1 oral tablet 60 mg iron-1 mg	PG		
trinate oral tablet 28 mg iron- 1 mg	PG		
TRINAZ ORAL TABLET 12-1 MG	FE		
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 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	PG	ACA	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL-OB ORAL TABLET 65-1 MG	NPB		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	NPB		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
vitamin b complex-folic acid oral tablet 0.4 mg	PG	ACA	
vitamin d3 oral tablet 10 mcg (400 unit)	PG		

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)	PG		
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	PG	ACA	
wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg	PG		
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	PG		
westab plus oral tablet 27 mg iron- 1 mg	PG		
westgel dha oral capsule 31 mg iron- 1 mg-200 mg	PG		
ZALVIT ORAL TABLET 13 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG	FE		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus

Index

A
abacavir 5
abacavir-lamivudine 5
ABECMA 30
ABELCET 3
ABENOR 151
ABENOR HP 151
ABILIFY 91
abiraterone 30
abirtega 30
abravo 145
ABRAXANE 30
ABRILADA(CF) 239
ABRILADA(CF) PEN 239
ABRYSVO (PF) 228
ABSORICA 151
ABSORICA LD 151
acamprosate 179
ACANYA 151
acarbose 202
ACCOLATE 284
ACCUPRIL 111
ACCURETIC 111
accutane 151
acebutolol 111
acetaminophen-caff-dihydrocod 77
acetaminophen-codeine 77
acetazolamide 274
acetic acid 179, 187
acetylcysteine 284
ACIOXIA 169
ACIOXIAY 151
ACIPHEX 221
acitretin 138
ACTEMRA 239
ACTEMRA ACTPEN 239
ACTHAR 188
ACTHAR SELFJECT 188
ACTHIB (PF) 228
ACTIMMUNE 227
ACTIVELLA 252
ACTONEL 238
ACTOPLUS MET 202
ACTOS 202
acuicyn 270
ACULAR 274
ACULAR LS 274
ACUVAIL (PF) 274
acyclovir 5, 169
ACYCLOVIR IN 0.9 % SODIUM CHLR 5
acyclovir sodium 5
ACZONE 151
ADACEL(TDAP ADOLESN/ADULT)(PF) 228
ADAINZOXIA 151
ADAKVEO 31
ADALIMUMAB-AACF 239, 240
ADALIMUMAB-AACF(CF) PEN CROHNS 240
ADALIMUMAB-AACF(CF) PEN PS-UV 240
ADALIMUMAB-AATY 240
ADALIMUMAB-AATY(CF) AI CROHNS 241
ADALIMUMAB-ADAZ 241
ADALIMUMAB-ADBM 241
ADALIMUMAB-ADBM(CF) PEN CROHNS 241
ADALIMUMAB-ADBM(CF) PEN PS-UV 241
ADALIMUMAB-FKJP 241, 242
ADALIMUMAB-RYVK 242
ADALINA 151
adapalene 151, 152
ADAPALENE 152
adapalene-benzoyl peroxide 152
ADASUVE 91
ADBRY 145
ADCETRIS 31
ADCIRCA 284
ADDERALL 92
ADDERALL XR 92
adefovir 5
ADEMPAS 284
ADERMICA 152
ADERMICA HP 152
ADLARITY 71
ADMELOG SOLOSTAR U-100 INSULIN 192
ADMELOG U-100 INSULIN LISPRO 192
ADMIRAZOL 152
ADMIRAZOL HP 152
ADRIAMYCIN 31
adrucil 31
adthyza 206
ADTHYZA 206
adult aspirin regimen 82
ADVAIR DISKUS 284
ADVAIR HFA 285
ADVANCED ALLERGY COLLECT KIT 169
ADVATE 123
ADYNOVATE 123
ADYPHREN 280
ADYPHREN AMP 280
ADYPHREN AMP II 280
ADYPHREN II 280
ADZENYS XR-ODT 92
ADZYNMA 124
AFINITOR 31
AFINITOR DISPERZ 31
afirmelle 258
AFLURIA TRIV 2024-2025 228
AFLURIA TRIV 2024-2025 (PF) 228
AFREZZA 192
AFSTYLA 124
after pill 258
AFTERA 258
AGAMREE 188
AGONEAZE 162
AGRYLIN 179
AIMOVIG AUTOINJECTOR 68
AIRDUO RESPICLICK 285
AIRSUPRA 285
AJOVY AUTOINJECTOR 68
AJOVY SYRINGE 68
AKEEGA 31
AKLIEF 152
AKTEN (PF) 270
AKYNZEO (NETUPITANT) 210
ALA-SCALP 169
albendazole 16
albuterol sulfate 285
ALCAINE 270
alclometasone 169
ALCORTIN A 164
ALDACTONE 111
ALDURAZYME 198

ALECENSA 31
alendronate 238
ALFERON N 227
alfuzosin 297
ALHEMO PEN 124
ALIMTA 31
ALINIA 16
ALIQOPA 31
aliskiren 111
ALIXI 152
ALIXI HP 152
ALKERAN 31
ALKERAN (AS HCL) 31
ALKINDI SPRINKLE 188
allopurinol 237
almotriptan malate 68
ALOGLIPTIN 202
ALOGLIPTIN-METFORMIN 202
ALOGLIPTIN-PIOGLITAZONE 202
ALOMIRA 152
ALOMIRA HP 152
ALOMIRA LP 152
alosetron 210
ALPHAGAN P 280
ALPHANATE 124
ALPHANINE SD 124
alprazolam 92
alprazolam intensol 92
ALPROLIX 124
ALREX 277
ALTABAX 164
altacaine 270
ALTACE 111
ALTAFLUOR BENOX 270
altavera (28) 258
ALTOPREV 131
ALTRENO 152
ALTUVIIIO 124
ALUNBRIG 31
ALURIS 152, 153
ALURIS HP 152
ALURIS HP PLUS 152
ALURIS LP 152
ALURIS LP PLUS 152
ALURIS PLUS 152
ALUXOF 153
ALUXOF HP 153
ALVAIZ 124
ALVESCO 285
alvimopan 210
ALVOX 153
ALVOX HP 153
alyacen 1/35 (28) 258
alyacen 7/7/7 (28) 258
ALYFTREK 285
ALYGLO 228
ALYMSYS 31
alyq 285
amantadine hcl 5
AMBIEN 92
AMBIEN CR 92
AMBISOME 3
ambrisentan 285
amcinonide 169
AMELUZ 145
amethia 258
amethyst (28) 258
AMICAR 124
amikacin 16
amiloride 111
amiloride-hydrochlorothiazide 111
aminocaproic acid 124
amiodarone 110
AMITIZA 210
amitriptyline 92
amitriptyline-chlordiazepoxide 92
AMJEVITA(CF) 242
AMJEVITA(CF) AUTOINJECTOR 242
amlodipine 111
amlodipine-atorvastatin 132
amlodipine-benazepril 112
amlodipine-olmesartan 112
amlodipine-valsartan 112
amlodipine-valsartan-hcthiazid 112
amnesteem 153
AMONDYS-45 71
amoxapine 92
amoxicil-clarithromy-lansopraz 221
amoxicillin 22, 23
amoxicillin-pot clavulanate 23
amphetamine sulfate 92
amphotericin b 3
amphotericin b liposome 3
ampicillin 23
ampicillin sodium 23
ampicillin-sulbactam 23
AMPYRA 71
AMRIX 74
AMTAGVI 31
AMVUTTRA 71
AMZEEQ 153
ANAFRANIL 92
anagrelide 179
ANALPRAM-HC 138, 211
ANAPROX DS 82
anaspaz 208
ANASTIA 162
anastrozole 31
ANCOBON 3
ANGELIQ 252
ANNOVERA 256
ANODYNE LPT 162
ANORO ELLIPTA 285
ANTIVERT 211
anucort-hc 211
ANUSOL-HC 211
apexicon e 170
APEXOL 153
APEXOL HP 153
APHEXDA 224
APHORIA 153
APIDRA SOLOSTAR U-100 INSULIN 192
APIDRA U-100 INSULIN 192
APLENZIN 92
APOKYN 66
apomorphine 66
APORIX 153
apraclonidine 280
aprepitant 211
APRETUDE 5
apri 258
APRISO 211
APRIZIO PAK 162
APTENSIO XR 93
APTIOM 57
APTIVUS 6
ARAKODA 16
ARALAST NP 179
aranelle (28) 258
ARANESP (IN POLYSORBATE) 224
ARAVA 242
ARAZLO 153
ARCALYST 224
ARESTIN 185

AREXVY (PF) 228
arformoterol 285
ARICEPT 71
ARIKAYCE 17
ARIMIDEX 31
aripiprazole 93
ARIXTRA 125
armodafinil 93
ARMOUR THYROID 206
ARNUITY ELLIPTA 286
AROMASIN 31
ARRANON 31
arsenic trioxide 32
ARTESUNATE 17
ARTHROTEC 50 82
ARTHROTEC 75 82
ARTILIS 153
ARTILIS HP 153
ASCENIV 228
ascomp with codeine 77
asenapine maleate 93
ashlyna 258
ASMANEX HFA 286
ASMANEX TWISTHALER 286
ASPARLAS 32
aspirin 82
aspirin childrens 82
aspirin-dipyridamole 125
ASPRUZYO SPRINKLE 136
ASTAGRAF XL 32
ASTERO 162
ATACAND 112
ATACAND HCT 112
atazanavir 6
ATELVIA 238
atenolol 112
atenolol-chlorthalidone 112
ATIVAN 93
atomoxetine 93
ATORVALIQ 132
atorvastatin 132
atovaquone 17
atovaquone-proguanil 17
ATRALIN 153
ATRAPRO CP 146
ATRAPRO HYDROGEL 146
atropine 269
ATROPINE 269
ATROPINE SULFATE (PF) 269
ATROVENT HFA 286
ATTRUBY 136
AUBAGIO 108
aubra 258
aubra eq 258
AUCATZYL 32
AUGMENTIN 23
AUGMENTIN ES-600 23
AUGMENTIN XR 23
AUGTYRO 32
AUGUSTIL 153
AURANOFIN 242
aurovela 1.5/30 (21) 258
aurovela 1/20 (21) 258
aurovela 24 fe 258
aurovela fe 1.5/30 (28) 259
aurovela fe 1-20 (28) 259
AURYXIA 299
AUSTEDO 71
AUSTEDO XR 71
AUSTEDO XR TITRATION KT(WK1-4) 71
AUVELITY 93
AUVI-Q 281
AVALIDE 112
AVAPRO 112
avar 153
AVAR LS 153
AVAR-E 153
AVASTIN 32
AVEIDA 153
AVEIDAOXIA 153
AVELOX IN NACL (ISO-OSMOTIC) 25
AVENOVA 271
aviane 259
AVIDORA 154
AVIDORA HP 153
avidoxy 26
AVIDOXY DK 26
AVMAPKI-FAKZYNJA 32
avo cream 146
AVODART 297
AVONEX 108
AVSOLA 211
AVYCAZ 12
AWANIS 154
AXTLE 32
ayuna 259
AYVAKIT 32
azacitidine 32
AZACTAM 17
AZALTA 154
AZALTA HP 154
AZASAN 32
AZASITE 267
azathioprine 32
azathioprine sodium 32
azelaic acid 154
azelastine 185, 271
azelastine-fluticasone 286
AZELEX 154
AZESCO 301
AZILECT 66
azithromycin 15
AZOPT 275
AZOR 112
AZSTARYS 93
aztreonam 17
AZULFIDINE 211
AZULFIDINE EN-TABS 211
azurette (28) 259

B

b complex 1 (with folic acid) 301
b complex-vitamin c-folic acid 301
bacitracin 17, 267
bacitracin-polymyxin b 267
baclofen 74
BACLOFEN 74
BACTRIM 26
BACTRIM DS 26
BAFIERTAM 108
balanced b-100 301
bal-care dha 301
BAL-CARE DHA ESSENTIAL 301
BALCOLTRA 259
balsalazide 211
BALVERSA 32
balziva (28) 259
BANZEL 57
BAQSIMI 191
BARACLUDE 6
BASADROX 164
BASAGLAR KWIKPEN U-100 INSULIN 192
BASAGLAR TEMPO PEN(U-100)INSLN 193
BATIZIA 164
BAVENCIO 32
BAXDELA 25
bayer low dose aspirin 82
BCG VACCINE, LIVE (PF) 228

b-complex with vitamin c.....301
BELBUCA 77
BELEODAQ 32
belladonna alkaloids-opium .208
BELRAPZO 32
BELSOMRA 93
benazepril 112
benazepril-hydrochlorothiazide 112
bendamustine.....32
BENDAMUSTINE 32
BENDEKA.....33
BENEFIX.....125
BENICAR 112
BENICAR HCT 112
BENLYSTA.....242
BENZAMYCIN 154
benzepro 154
BENZEPRO (MICROSPHERES).....154
BENZNIDAZOLE 17
BENZODOX 30.....26
BENZODOX 60.....26
benzonatate.....283
benzoyl peroxide 154
benztropine.....66
BEOVU 271
bepotastine besilate 271
BEPREVE.....271
BERINERT 286
beser 170
BESER KIT.....170
BESIVANCE 267
BESPONSA 33
BESREMI.....227
BETADINE OPHTHALMIC PREP 267
betaine 211
betamethasone dipropionate.170
betamethasone valerate 170
betamethasone, augmented...170
BETAPACE 110
BETAPACE AF 110
BETASERON 108
betaxolol.....112, 268
bethanechol chloride 297
BETHKIS.....17
BETIMOL.....268
BETOPTIC S.....269
bevacizumab.....33
BEVACIZUMAB.....271
BEVESPI AEROSPHERE...286
bexarotene 33
BEXSERO.....228
BEYAZ.....259
BEYFORTUS.....6
BIAFINE EMULSION.....146
bicalutamide 33
BICILLIN C-R 23
BICILLIN L-A 24
BICNU.....33
BIDIL 112
BIJUVA.....252
BIKTARVY 6
BILTRICIDE.....17
bimatoprost.....275
BIMZELX 138, 139
BIMZELX AUTOINJECTOR 138
BINOSTO.....238
BIOTHRAX 228
bisacodyl.....211
bismuth subcit k-metronidz-tcn 221
bisoprolol fumarate.....112
BISOPROLOL FUMARATE 113
bisoprolol-hydrochlorothiazide 113
BIVIGAM 228
BIZENGRI 33
BKEMV.....179
bleomycin 33
BLINCYTO.....33
blisovi 24 fe.....259
blisovi fe 1.5/30 (28) 259
blisovi fe 1/20 (28) 259
BONJESTA.....211
BOOSTRIX TDAP.....228
bortezomib.....33
BORTEZOMIB 33
BORUZU.....33
bosentan.....286
BOSULIF 33
BOTOX 229
bp 10-1.....154
BRAFTOVI.....33
BRENZAVVY 202
BREO ELLIPTA 286
BREXAFEMME 3
BREYANZI.....33
breyna 286
BREZTRI AEROSPHERE...287
briellyn.....259
BRILINTA 125
brimonidine.....154, 280
BRIMONIDINE-DORZOLAMIDE.....275
BRIMONIDINE-DORZOLAMIDE (PF).....275
brimonidine-timolol.....275
BRINEURA.....198
brinzolamide.....275
BRIUMVI.....108
BRIVIACT 57
BRIXADI 77
BROMFED DM 283
bromfenac 274
bromocriptine 66
brompheniramine-pseudoeph-dm 283
BROMSITE.....274
BRONCHITOL 287
BROVANA 287
BRUKINSA.....33
BRYHALI 170
BUCAPSOL 93
budesonide.....211, 287
budesonide-formoterol 287
bumetanide 113
BUPHENYL.....179
buprenorphine.....77
buprenorphine hcl.....77
buprenorphine-naloxone...82, 83
bupropion hcl.....93
BUPROPION HCL 93
bupropion hcl (smoking deter) 184
buspirone 93
busulfan 33
BUSULFEX 33
butalbital-acetaminop-caf-cod 77
butalbital-acetaminophen .77, 78
butalbital-acetaminophen-caff 78
butalbital-aspirin-caffeine.....78
butorphanol.....83
BUTRANS 78
BYDUREON BCISE.....202
BYLVAY 212
BYOOVIZ.....271
BYSTOLIC.....113

C

CABENUVA.....6

cabergoline 198
CABLIVI..... 125
CABOMETYX..... 34
CABTREO 154
CADUET..... 132
caffeine citrate 179
calcipotriene 139
CALCIPOTRIENE..... 139
calcipotriene-betamethasone 139
calcitonin (salmon)..... 198
calcitriol..... 139
calcium acetate(phosphat bind) 299
CALQUENCE (ACALABRUTINIB MAL) 34
CAMCEVI (6 MONTH) 34
camila 252
CAMPTOSAR 34
camrese..... 259
camrese lo..... 259
CAMZYOS 136
CANASA 212
CANCIDAS 3
candesartan 113
candesartan-hydrochlorothiazid 113
CANTHARIDIN IN ACETONE 146
capecitabine..... 34
CAPEX..... 170
CAPLYTA 94
CAPRELSA 34
CAPSFENAC PAK..... 83
CAPSINAC 83
captopril..... 113
captopril-hydrochlorothiazide 113
CAPVAXIVE..... 229
CARAC 146
CARAFATE..... 221
CARBAGLU 179
carbamazepine..... 57
CARBAMAZEPINE..... 58
CARBATROL..... 58
carbidopa 66
carbidopa-levodopa 66
carbidopa-levodopa-entacapone 66
carbinoxamine maleate..... 281
CARBINOXAMINE MALEATE..... 281
carboplatin 34
CARDIZEM 113
CARDIZEM CD..... 113
CARDIZEM LA..... 113
CARDURA 113
CARDURA XL 113
carglumic acid 179
carisoprodol 74
carisoprodol-aspirin..... 74
carisoprodol-aspirin-codeine .. 74
carmustine 34
CARMUSTINE..... 34
CARNITOR..... 179
CARNITOR (SUGAR-FREE) 179
CAROSPIR 113
carteolol 269
cartia xt 113
carvedilol 113
carvedilol phosphate..... 114
CARVYKTI 34
CASODEX 34
caspofungin 3
CATAPRES-TTS-1..... 114
CATAPRES-TTS-2..... 114
CATAPRES-TTS-3..... 114
CAYA CONTOURED..... 251
CAYSTON 17
caziant (28)..... 259
cefaclor 12
cefadroxil..... 12
cefazolin 13
CEFAZOLIN..... 13
cefazolin in 0.9% sod chloride 12
cefazolin in dextrose (iso-os) . 12
CEFAZOLIN IN DEXTROSE (ISO-OS) 12
cefazolin in dextrose 5 % 12
CEFAZOLIN IN STERILE WATER..... 13
cefdinir..... 13
cefepime 13
CEFEPIME..... 13
CEFEPIME IN DEXTROSE 5 %..... 13
cefepime in dextrose,iso-osm . 13
cefixime 13
CEFOTAN..... 13
cefotaxime 13
cefotetan 13
cefoxitin..... 13
cefoxitin in dextrose, iso-osm. 13
cefpodoxime 14
cefprozil..... 14
ceftazidime 14
ceftriaxone 14
CEFTRIAXONE 14
ceftriaxone in dextrose,iso-os . 14
cefuroxime axetil..... 14
cefuroxime sodium 14
celacyn..... 146
CELEBREX 83
celecoxib..... 83
CELEXA 94
CELLCEPT 34
CELLCEPT INTRAVENOUS 34
CELONTIN 58
cem-urea 146
CENTANY 164
CENTANY AT..... 164
cephalexin..... 14
CEPROTIN (BLUE BAR) ... 125
CEPROTIN (GREEN BAR) 125
CEQUA 271
CERACADE..... 146
CERAMAX 146
CERDELGA..... 198
CEREZYME..... 198
CERVIDIL 256
CETRAXAL..... 187
cevimeline..... 179
CHANTIX 184
CHANTIX CONTINUING MONTH BOX 184
CHANTIX STARTING MONTH BOX 184
charlotte 24 fe 259
chateal eq (28) 259
CHEMET..... 179
CHENODAL 212
CHLOHUX..... 170
CHLOOXIA 170, 171
chloramphenicol sod succinate 17
chlordiazepoxide hcl..... 94
chlordiazepoxide-clidinium .. 208
chlorhexidine gluconate..... 185
chloroquine phosphate..... 17
chlorpromazine 94

chlorthalidone 114
chlorzoxazone 74
CHOLBAM 212
cholecalciferol (vitamin d3) . 301
cholestyramine (with sugar) . 132
cholestyramine light 132
CIBINQO 146
ciclodan 166
CICLODAN KIT 166
ciclopirox 166
ciclopirox-ure-camph-menth-euc 166
cidofovir 6
cilostazol 125
CILOXAN 267
CIMDUO 6
CIMERLI 271
cimetidine 221
cimetidine hcl 221
CIMZIA 212
CIMZIA POWDER FOR RECONST 212
cinacalcet 198
CINQAIR 287
CINRYZE 287
CIPRO 25
CIPRO HC 187
ciprofloxacin 25
ciprofloxacin hcl 25, 187, 267
ciprofloxacin in 5 % dextrose . 25
ciprofloxacin-dexamethasone 188
CIPROFLOXACIN-FLUOCINOLONE 188
cisplatin 34
CISPLATIN 34
citalopram 94
CITALOPRAM 94
CITRANATAL B-CALM (FE GLUC) 301
citrate of magnesia 212
citroma 212
cladribine 34
claravis 154
CLARINEX 281
CLARINEX-D 12 HOUR 283
clarithromycin 15
classic prenatal 302
cleansing wash 154
clearlax 212
clemastine 281
clemasz 281
CLENIA PLUS 154
CLENPIQ 212
CLEOCIN 17, 256
CLEOCIN HCL 17
CLEOCIN PEDIATRIC 17
CLEOCIN T 154
CLIMARA 252
CLIMARA PRO 252
clindacin 155
clindacin etz 155
CLINDACIN ETZ 154
clindacin p 155
CLINDACIN PAC 155
CLINDAGEL 155
clindamycin hcl 17
CLINDAMYCIN IN 0.9 % SOD CHLOR 17
clindamycin in 5 % dextrose .. 18
clindamycin pediatric 18
clindamycin phosphate .. 18, 155, 256
clindamycin-benzoyl peroxide 155
clindamycin-tretinoin 155
CLINDESSE 256
CLINPRO 5000 185
clobazam 58
clobetasol 171
CLOBETASOL 171, 278
clobetasol-emollient 171
CLOBEX 171
clocortolone pivalate 171
clodan 171
CLODAN KIT 171
clofarabine 34
clomipramine 94
clonazepam 58
clonidine 114
clonidine hcl 94, 114
CLONIDINE HCL 114
clopidogrel 125
clorazepate dipotassium 94
clotrimazole 3
clotrimazole-betamethasone . 166
clozapine 94
CLOZARIL 94
c-nate dha 302
COAGADEX 125
COARTEM 18
COBENFY 94
COBENFY STARTER PACK 94
COCAINE 162
codeine sulfate 78
codeine-butalbital-asa-caff 78
codeine-guaifenesin 283
CODITUSSIN AC 283
CODITUSSIN DAC 283
COLAZAL 212
colchicine 237
COLCRYS 237
colesevelam 132
COLESTID 132
colestipol 132
colistin (colistimethate na) 18
COLUMVI 35
COLY-MYCIN M PARENTERAL 18
COMBIGAN 275
COMBIPATCH 252
COMBIVENT RESPIMAT .. 287
COMETRIQ 35
COMIRNATY 2024-25 (12Y UP)(PF) 229
COMPAZINE 212
COMPLERA 6
complete natal dha 302
compro 212
CONCERTA 95
CONDYLOX 146
CONJUPRI 114
CONSENSI 114
constulose 212
CONZIP 83
COPAXONE 108
COPIKTRA 35
CORDRAN TAPE LARGE ROLL 172
COREG 114
COREG CR 114
CORLANOR 136
CORTANE-B 146
CORTEF 188
CORTENEMA 212
CORTIFOAM 212
corti-sav 165
cortisone 188
CORTISPORIN-TC 188
CORTROPHIN GEL 188
COSELA 35
COSENTYX 139

COSENTYX (2 SYRINGES) 139
COSENTYX PEN 139
COSENTYX PEN (2 PENS) 139
COSENTYX UNOREADY PEN 140
COSOPT 275
COSOPT (PF) 275
COTELLIC 35
COTEMPLA XR-ODT 95
covaryx 252
covaryx h.s. 252
COXANTO 83
COZAAR 114
CRENESSITY 198
CREON 213
CRESEMBA 3
CRESTOR 132
CREXONT 66
CRINONE 252
cromolyn 213, 271, 287
crotan 178
cryselle (28) 259
CRYSVITA 198
CTEXLI 213
CUPRIMINE 242
CUTAQUIG 229
CUVITRU 229
CUVPOSA 208
CUVRIOR 179
cyclobenzaprine 74, 75
CYCLOGYL 269
CYCLOMYDRIL 280
cyclopentolate 269
cyclopen-tropic-phenyleph-watr 270
CYCLOPENT-TROPIC-PHEN-KETR-WAT 270
cyclophosphamide 35
CYCLOPHOSPHAMIDE 35
CYCLOP-TROP-PROPA-PHEN-KET-WAT 270
cycloserine 18
CYCLOSET 202
cyclosporine 35, 271
CYCLOSPORINE IN KLARITY 271
cyclosporine modified 35
CYCLOTENS REFILL 75
CYCLOTENS STARTER 75
CYLTEZO(CF) 243
CYLTEZO(CF) PEN 243
CYLTEZO(CF) PEN CROHN'S-UC-HS 243
CYLTEZO(CF) PEN PSORIASIS-UV 243
CYMBALTA 95
cyproheptadine 281
CYRAMZA 35
cyred 259
cyred eq 259
CYSTADANE 213
CYSTADROPS 271
CYSTAGON 297
CYSTARAN 271
cytarabine 35
cytarabine (pf) 35
CYTOGAM 229
CYTOMEL 206
CYTOTEC 221

D

dabigatran etexilate 125
dacarbazine 35
dactinomycin 35
DAFILOR 166
dalfampridine 71
DALIRESP 287
DALVANCE 18
danazol 198
DANTRIUM 75
dantrolene 75
DANYELZA 35
DANZITEN 36
DAPAGLIFLOZ PROPANED-METFORMIN 202
DAPAGLIFLOZIN PROPANEDIOL 202
dapsone 18, 155
DAPSONE 155
DAPTACEL (DTAP PEDIATRIC) (PF) 229
daptomycin 18
DAPTOMYCIN 18
DAPTOMYCIN IN 0.9 % SOD CHLOR 18
DARAPRIM 18
darifenacin 295
DARTISLA 208
darunavir 6
DARZALEX 36
DARZALEX FASPRO 36
dasatinib 36
dasetta 1/35 (28) 259
dasetta 7/7/7 (28) 259
DATROWAY 36
daunorubicin 36
DAURISMO 36
DAXXIFY 229
DAYBUE 71
DAYPRO 83
daysee 259
DAYTRANA 95
DAYVIGO 95
DAZAVEIDAOXIA 155
DAZINIA 146
DAZOMON 155
DDAVP 198
DEBACTEROL 185
deblitane 252
decitabine 36
deferasirox 179
deferiprone 179
deflazacort 188
DELESTROGEN 252
DELIBON 166
DELSTRIGO 6
demeclocycline 26
DEMSER 114
DENAVIR 169
DENGVAXIA (PF) 229
denta 5000 plus 185
denta 5000 plus sensitive 185
dentagel 185
DENVITA 166
DEOXIA 155
DEOXIADEMTAR 155
DEOXIATAR 155
DEOXIAVAR 156
DEPAKOTE 58
DEPAKOTE ER 58
DEPAKOTE SPRINKLES 58
DEPEN TITRATABS 243
DEPO-ESTRADIOL 252
DEPO-PROVERA 252
DEPO-SUBQ PROVERA 104 253
DERMACINRX LEXITRAL 83
dermacinrx lidocan 162
DERMACINRX LIDOGEL 162
DERMACINRX LIDOREX 162
DERMACINRX PRENATRIX 302

DERMACINRX PRENATRYL 302
DERMACINRX PRETRATE 302
dermacinrx prizopak 162
DERMACINRX THERAZOLE PAK 166
derma-r 146
DERMA-SMOOTHE/FS BODY OIL 172
DERMA-SMOOTHE/FS SCALP OIL 172
DERMASO PLUS 146
DERMAWERX SDS 172
DERMAZENE 165
DERMOTIC OIL 187
DESCOVY 6
desipramine 95
desloratadine 281
desmopressin 198
DESMOPRESSIN 198
desog-e.estradiol/e.estradiol 260
desonide 172
DESOWEN 172
desoximetasone 172
DESOXYN 95
DESVENLAFAXINE 95
desvenlafaxine succinate 95
dexabliss 189
dexamethasone 189
dexamethasone intensol 189
dexamethasone sodium phosphate 278
DEXAMETH-MOXIFLOX(PF)-NACL,ISO 276
DEXAMET-MOXIFL-KETORO-NACL(PF) 271
dexchlorpheniramine maleate 281
DEXEDRINE SPANSULE 95
DEXILANT 221
dexlansoprazole 221
dexmethylphenidate 95
DEXTENZA 278
dextroamphetamine sulfate 95, 96
dextroamphetamine-amphetamine 96
DHIVY 66
DIACOMIT 58
DIADIMAXIA 156
dialyvite 800 302
DIAOXIA 156
DIASAXIATAR 156
DIASDIMAXIA 156
DIASOXIA 156
diazepam 58, 96
diazepam intensol 96
diazoxide 191
DIBENZYLINE 114
dichlorphenamide 71
DICLEGIS 213
DICLOFENAC EPOLAMINE 83
diclofenac potassium 83
diclofenac sodium 83, 84, 146, 274
DICLOFENAC SUBMICRONIZED 84
diclofenac-misoprostol 84
DICLOFEX DC 84
DICLOFONO 84
DICLOGEN 84
DICLOPR 84
DICLOSAICIN 84
DICLOTRAL 84
DICLOTREX 84
dicloxacillin 24
dicyclomine 208
DIFFERIN 156
DIFICID 15
diflorasone 172
DIFLUCAN 3
diflunisal 84
difluprednate 278
DIFMETIOXRIME 166
digoxin 123
dihydroergotamine 68
DILANTIN 58
DILANTIN EXTENDED 58
DILANTIN INFATABS 58
DILANTIN-125 58
DILAUDID 78
diltiazem 114, 115
dilt-xr 115
DIMENTHO 84
dimethyl fumarate 108
DIMOXIA 156
DIOCHLOY 140
DIONARIS 166
DIOOXIA 140
DIOVAN 115
DIOVAN HCT 115
DIPENTUM 213
diphenoxylate-atropine 208
DIPROLENE (AUGMENTED) 172
dipyridamole 125
DISALCID 84
diskets 78
disopyramide phosphate 110
disulfiram 179
DITHOL 84
DIURIL 115
divalproex 58, 59
DIVENDO 166
DIVIGEL 253
DIVINIX 172, 173
docetaxel 36
DOCIVYX 36
dofetilide 110
DOJOLVI 301
dolishale 260
DOLOBID 85
DOLOTRANZ 162
DOMELA 173
donepezil 71
DONNATAL 208, 209
DOPTELET (15 TAB PACK) 125
DORAL 96
DORYX 26
DORYX MPC 26
dorzolamide 275
DORZOLAMIDE (PF) 275
dorzolamide-timolol 275
dorzolamide-timolol (pf) 275
dotti 253
DOVATO 6
doxazosin 115
doxepin 96, 146
doxercalciferol 198
DOXIL 36
doxorubicin 36
doxorubicin, peg-liposomal 36
doxy-100 26
doxycycline hyclate 26, 27
DOXYCYCLINE HYCLATE 27
doxycycline monohydrate 27
doxylamine-pyridoxine (vit b6) 213
DRAXACE 156

DRAXACEY....156
drithocreme hp....140
DRIXECE....156
DRIZALMA SPRINKLE....96
dronabinol....213
drospirenone-e.estradiol-lm.fa 260
drospirenone-ethinyl estradiol 260
DROXIA....36
droxidopa....180
DRYSOL DAB-O-MATIC..146
DSUVIA....78
DUAKLIR PRESSAIR....287
DUAVEE....253
DUETACT....202
dulcolax (magnesium hydroxide)....213
DULERA....287
duloxetine....96
DULOXICAINE....96
DUOBRII....173
DUOPA....66
DUPIXENT PEN....146
DUPIXENT SYRINGE....146
DUREX AVANTI BARE REAL FEEL....251
DUREX TROPICAL CONDOM....251
DUREZOL....278
DUROLANE....85
DURYSTA....275
dutasteride....297
dutasteride-tamsulosin....297
DUVYZAT....180
DYANAVEL XR....96
DYMISTA....287
DYNOMA....173
DYRENIUM....115
DYSPORT....229
E
e.e.s. 400....15
E.E.S. GRANULES....15
EBGLYSS PEN....147
EBGLYSS SYRINGE....147
ECEOXIA....156
EC-NAPROSYN....85
econazole nitrate....166
econtra ez....260
econtra one-step....260
ecotrin low strength....85
ECOZA....166
edaravone....71
EDARBI....115
EDARBYCLOR....115
EDECRIN....115
EDLUAR....96
ed-spaz....209
EDURANT....6
EDURANT PED....6
eemt....253
eemt hs....253
efavirenz....6
efavirenz-emtricitabin-tenofov.6
efavirenz-lamivu-tenofov disop6
effer-k....299
EFFER-K....299
EFFEXOR XR....97
EFFIENT....125
EFUDEX....147
EGRIFTA SV....226
ELAHERE....36
ELAPRASE....199
ELELYSO....199
ELEPSIA XR....59
ELESTRIN....253
eletriptan....68
ELFABRIO....199
ELIDEL....147
ELIGARD....37
ELIGARD (3 MONTH)....37
ELIGARD (4 MONTH)....37
ELIGARD (6 MONTH)....37
ELIMITE....178
elinest....260
ELIQUIS....125
ELIQUIS DVT-PE TREAT 30D START....125
ELIXOPHYLLIN....287
ELLA....260
ELLENCE....37
ELLZIA PAK....173
ELMIRON....297
ELOCTATE....125
ELREXFIO....37
eltrombopag olamine....126
eluryng....256
ELYXYB....68
ELYZIA....147
ELZONRIS....37
EMEND....213
EMFLAZA....189
EMGALITY PEN....68
EMGALITY SYRINGE....68
EMPAVELI....180
EMPLICITI....37
EMRELIS....37
EMROSI....27
EMSAM....97
emtricitabine....6
emtricitabine-tenofovir (tdf)....7
EMTRIVA....7
emulsion sb....147
EMVERM....18
emzahh....253
enalapril maleate....115
enalapril-hydrochlorothiazide 115
ENBREL....243
ENBREL MINI....243
ENBREL SURECLICK....243
ENCELTO....271
ENDARI....180
endocet....78
ENGERIX-B (PF)....229
ENGERIX-B PEDIATRIC (PF) 229
ENHERTU....37
enilloring....256
ENJAYMO....180
enoxaparin....126
ENOXILUV....126
enpresse....260
enskyce....260
ENSPRYNG....37
ENSTILAR....140
entacapone....66
ENTADFI....297
entecavir....7
ENTRESTO....136
ENTRESTO SPRINKLE....136
ENTTY....147
ENTYVIO....213
ENTYVIO PEN....213
enulose....213
ENVARSUS XR....37
EOHILIA....213
EPANED....116
EPCLUSA....7
EPICERAM....147
EPIDIOLEX....59
EPIDUO FORTE....156
EPIFOAM....140

epinastine....271
epinephrine....281, 282
EPINEPHRINE....281
EPINEPHRINE PROFESSIONAL....282
EPINEPHRINESNAP....282
EPINEPHRINESNAP-EMS 282
EPINEPHRINESNAP-V....282
EPIPEN....282
EPIPEN JR....282
epirubicin....37
epitol....59
EPIVIR....7
EPKINLY....37
eplerenone....116
EPOGEN....224
epoprostenol....116
EPRONTIA....59
eprosartan....116
EPSOLAY....156
EPYSQLI....180
EQUETRO....59
ERAXIS(WATER DILUENT) 3
ERBITUX....37
ergoloid....97
ERGOMAR....68
ergotamine-caffeine....68
eribulin....37
ERIVEDGE....38
ERLEADA....38
erlotinib....38
ERMEZA....206
errin....253
ERTACZO....166
ertapenem....18
ERWINASE....38
ery pads....156
erygel....156
ERYPED 200....15
ERYPED 400....15
ery-tab....15
ERY-TAB....15
ERYTHROCIN....15
erythrocin (as stearate)....15
erythromycin....16, 267
erythromycin ethylsuccinate ..16
erythromycin lactobionate....16
erythromycin with ethanol ...157
erythromycin-benzoyl peroxide 157
ESBRIET....288
escitalopram oxalate....97
eslicarbazepine....59
esomeprazole magnesium....221
ESPEROCT....126
estarylla....260
estazolam....97
ESTRACE....253
estradiol....253, 254
estradiol valerate....254
estradiol-norethindrone acet .254
ESTRATEST F.S. 254
ESTRATEST H.S.....254
ESTRING....254
ESTROGEL....254
estrogens-methyltestosterone254
eszopiclone....97
ethacrynic acid....116
ethambutol....18
ethosuximide....59
ETHOXIA....157
ethyl chloride....162
ethynodiol diac-eth estradiol 260
etodolac....85
etonogestrel-ethinyl estradiol256
ETOPOPHOS....38
etoposide....38
etravirine....7
EUCRISA....147
EUFLEXXA....85
EULEXIN....38
EURAX....178
euthyrox....207
EVAMIST....254
EVEKEO....97
EVENITY....238
everolimus (antineoplastic) 38
everolimus (immunosuppressive) 38
EVISTA....238
EVKEEZA....132
EVOCLIN....157
EVOMELA....38
EVOTAZ....7
EVOXAC....180
EVRYSDI....71
EXELDERM....167
EXELON PATCH....71
exemestane....38
exenatide....202
EXFORGE....116
EXFORGE HCT....116
EXJADE....180
EXODERM....167
EXONDYS-51....71
EXTENCILLINE....24
EXTINA....167
EYLEA HD....272
EYSUVIS....278
EZALLOR SPRINKLE....133
ezetimibe....133
EZETIMIBE-ROSUVASTATIN 133
ezetimibe-simvastatin....133

F

FABHALTA....180
FABIOR....157
FABRAZYME....199
falmina (28)....260
famciclovir....7
famotidine....221
FANAPT....97
FARESTON....38
FARXIGA....202
FASENRA....288
FASENRA PEN....288
FASLODEX....38
FC2 FEMALE CONDOM ...251
febuxostat....237
FEIBA NF....126
feirza....260
felbamate....59
FELBATOL....59
felodipine....116
fem ph....256
FEMARA....38
FEMCAP....251
FEMLYV....260
FEMRING....254
fenofibrate....133
FENOFIBRATE....133
fenofibrate micronized....133
FENOFIBRATE MICRONIZED....133
fenofibrate nanocrystallized .133
fenofibric acid....133
fenofibric acid (choline)....133
fenoprofen....85
FENOPROFEN....85
FENOPRON....85
FENOVAR....85
FENOVIA....167
FENSOLVI....38

fentanyl....78
FERRIC CITRATE....299
FERRIPROX....180
FERRIPROX (2 TIMES A DAY)....180
FERVINA....167
fesoterodine....295
FETROJA....14
FETZIMA....97
FEXMID....75
FIASP FLEXTOUCH U-100 INSULIN....193
FIASP PENFILL U-100 INSULIN....193
FIASP PUMPCART....193
FIASP U-100 INSULIN....193
FIBRICOR....133
FIBRYGA....126
FIDILA....167
FILOMA....167
FILSPARI....136
FINACEA....157
finasteride....297
fingolimod....108
FINTEPLA....59
finzala....260
FIORICET....78
FIORICET WITH CODEINE 78
FIRAZYR....288
FIRDAPSE....72
FIRMAGON KIT W DILUENT SYRINGE....38
FIRVANQ....29
flac otic oil....187
FLAREX....278
flavoxate....295
FLEBOGAMMA DIF....230
flecainide....110
FLECTOR....85
FLEQSUVY....75
FLOLAN....116
FLOLIPID....133
FLOMAX....297
flotrex....302
floxuridine....38
FLUAD TRIV 2024-25(65Y UP)(PF)....230
FLUARIX TRIV 2024-2025 (PF)....230
FLUBLOK TRIV 2024-2025 (PF)....230
FLUCELVAX TRIV 2024-2025....230
FLUCELVAX TRIV 2024-2025 (PF)....230
fluconazole....3, 4
fluconazole in nacl (iso-osm)....3
flucytosine....4
fludarabine....38
fludrocortisone....189
FLULAVAL TRIV 2024-2025 (PF)....230
FLUMADINE....7
FLUMIST TRIVALENT 2024-2025....230
flunisolide....288
fluocinolone....173
fluocinolone acetonide oil....187
fluocinolone and shower cap 173
fluocinonide....173
fluocinonide-e....173
FLUOPAR....173
FLUORESCEIN-BENOXINATE....272
fluorescein-proparacaine....272
fluoride (sodium)....185, 302
FLUORIDEX DAILY DEFENSE....185
FLUORIDEX SENSITIVITY RELIEF....185
FLUORIMAX 5000....185
FLUORIMAX 5000 SENSITIVE....186
fluorometholone....278
fluorouracil....38, 147
FLUOROURACIL....147
fluoxetine....97
FLUOXIA....173
fluphenazine hcl....98
flurandrenolide....173, 174
flurazepam....98
flurbiprofen....85
flurbiprofen sodium....274
FLUTICASONE FUROATE-VILANTEROL....288
fluticasone propionate....174, 288
FLUTICASONE PROPIONATE....288
fluticasone propion-salmeterol....288
FLUTICASONE PROPION-SALMETEROL....288, 289
fluvastatin....133, 134
fluvoxamine....98
FLUZONE HIGH-DOSE TRIV 24-25....230
FLUZONE TRIV 2024-2025....230
FLUZONE TRIV 2024-2025 (PF)....230
FML FORTE....278
FML LIQUIFILM....278
FOCALIN....98
FOCALIN XR....98
folic acid....302
folitab....302
FOLOTYN....39
foltabs 800....302
fondaparinux....126
FORFIVO XL....98
formoterol fumarate....289
FORTEO....238
FOSAMAX....238
FOSAMAX PLUS D....238
fosamprenavir....7
foscarnet....7
FOSCAVIR....7
fosfomycin tromethamine....28
fosinopril....116
fosinopril-hydrochlorothiazide....116
FOSRENOL....299
FOTIVDA....39
FRAGMIN....126
fraiche 5000....186
FRAICHE 5000 PREVI....186
FREESTYLE INSULINX....190
FREESTYLE INSULINX TEST STRIPS....191
FREESTYLE LITE STRIPS 191
FREESTYLE TEST....191
FRINDOVYX....39
FRIVO....167
FROTEK....85
FROVA....68
frovatriptan....68
FRUZAQLA....39
full spectrum b-vitamin c....302
FULPHILA....224
fulvestrant....39
FURADANTIN....28
FUROSCIX....116
furosemide....116

FUZEON 7
FYARRO 39
fyavolv 254
FYCOMPA 59
FYLNETRA 224
G
g tussin ac 283
gabapentin 59
GABARONE 59
GALAFOLD 199
galantamine 72
gallifrey 254
GALZIN 299
GAMASTAN 230
GAMIFANT 39
GAMMAGARD LIQUID 230
GAMMAGARD S-D (IGA < 1 MCG/ML) 230
GAMMAKED 231
GAMMAPLEX 231
GAMMAPLEX (WITH SORBITOL) 231
GAMUNEX-C 231
ganciclovir sodium 7
GARDASIL 9 (PF) 231
GASTROCROM 213
gatifloxacin 267
GATTEX 30-VIAL 214
gavilax 214
gavilyte-c 214
gavilyte-g 214
gavilyte-n 214
GAVRETO 39
GAZYVA 39
gefitinib 39
GELCLAIR 186
gemcitabine 39
GEMCITABINE 39
gemfibrozil 134
gemmily 260
GEMTESA 295
generlac 214
gengraf 39
GENOTROPIN 226
GENOTROPIN MINIQUICK 226
gentamicin 19, 165, 267
gentamicin in nacl (iso-osm) 18
GENTAMICIN IN NACL (ISO-OSM) 18
gentamicin sulfate (ped) (pf) 19
gentle laxative (bisacodyl) 214
gentle laxative (mag hydrox) 214
gentlelax 214
GENVOYA 7
GEODON 98
GILENYA 108
GILOTRIF 39
GIMOTI 214
GIVLAARI 180
GLASSIA 180
glatiramer 108
glatopa 108
GLEEVEC 39
GLEOSTINE 39
glimepiride 202
GLIMEPIRIDE 202
glipizide 203
GLIPIZIDE 203
glipizide-metformin 203
GLOPERBA 237
GLUCAGON (HCL) EMERGENCY KIT 191
glucagon emergency kit (human) 191
GLUCOTROL XL 203
glutamine (sickle cell) 180
glyburide 203
glyburide micronized 203
glyburide-metformin 203
GLYCATE 209
glycopyrrolate 209
GLYXAMBI 203
GOCOVRI 66
GOLYTELY 214
GOMEKLI 39, 40
GONITRO 137
GOPRELTO 162
GRAFAPEX 40
GRALISE 60
granisetron hcl 214
GRANIX 224
griseofulvin microsize 4
griseofulvin ultramicrosize 4
guanfacine 98, 116
GVOKE 191
GVOKE HYPOPEN 2-PACK 191
GVOKE PFS 2-PACK SYRINGE 191
GYNAZOLE-1 256
H
HADLIMA 243
HADLIMA PUSHTOUCH 243
HADLIMA(CF) 244
HADLIMA(CF) PUSHTOUCH 244
HAEGARDA 289
hailey 260
hailey 24 fe 260
hailey fe 1.5/30 (28) 260
hailey fe 1/20 (28) 260
HALAVEN 40
halcinonide 174
HALCION 98
halobetasol propionate 174
haloette 256
HALOG 174, 175
haloperidol 98
haloperidol lactate 98
HALUCORT 147
HAPRODERM 147
HARVONI 7
HAVRIX (PF) 231
HAXCHLO 167
HAXCHLODREX 167
HAXDRAX 167
heather 254
HEMADY 189
HEMANGEOL 116
HEMGENIX 126
HEMICLOR 116
HEMLIBRA 127
hemmorex-hc 214
HEMOFIL M HIGH 127
HEMOFIL M LOW 127
HEMOFIL M MID 127
HEMOFIL M SUPER HIGH 127
hep flush-10 (pf) 127
heparin (porcine) 127, 128
heparin (porcine) in 0.9% nacl 127
HEPARIN (PORCINE) IN 0.9% NACL 127
heparin (porcine) in 5 % dex 127
heparin (porcine) in nacl (pf) 127
HEPARIN (PORCINE) IN NACL (PF) 127
heparin lock flush (porcine) 128
heparin lockflush(porcine)(pf) 128

heparin(porcine) in 0.45% nacl 128
HEPARIN(PORCINE) IN 0.45% NACL 128
heparin, porcine (pf) 128
HEPARIN, PORCINE (PF) . 128
HEPLISAV-B (PF) 231
HEPZATO (50 MM CATHETER) 40
her style 260
HERCEPTIN 40
HERCEPTIN HYLECTA 40
HERCESSI 40
HERZUMA 40
HETLIOZ 98
HETLIOZ LQ 98
HEXIOUNYL 167
HIBERIX (PF) 231
HISTEX-AC 283
HIXDEFRIMA 167
HIZENTRA 231
homatropaire 270
HORIZANT 72
HOVYN 147
hpr 147
hpr plus 147
hpr plus hydrogel 147
HPR PLUS-MB HYDROGEL 147
HULIO(CF) 244
HULIO(CF) PEN 244
HUMALOG JUNIOR KWIKPEN U-100 193
HUMALOG KWIKPEN INSULIN 193
HUMALOG MIX 50-50 KWIKPEN 193
HUMALOG MIX 75-25 KWIKPEN 193
HUMALOG MIX 75-25(U-100)INSULN 193
HUMALOG TEMPO PEN(U-100)INSULN 193
HUMALOG U-100 INSULIN 193, 194
HUMATE-P 128
HUMATIN 19
HUMATROPE 226
HUMIRA (ONLY NDCS STARTING WITH 00074) 244
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) 245
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) 245
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) 245
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) 245
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) 245
HUMULIN 70/30 U-100 INSULIN 194
HUMULIN 70/30 U-100 KWIKPEN 194
HUMULIN N NPH INSULIN KWIKPEN 194
HUMULIN N NPH U-100 INSULIN 194
HUMULIN R REGULAR U-100 INSULN 194
HUMULIN R U-500 (CONC) INSULIN 194
HUMULIN R U-500 (CONC) KWIKPEN 194
HYCAMTIN 40
HYCODAN (WITH HOMATROPINE) 283
hydralazine 116
HYDREA 40
HYDRO 35 147
HYDRO 40 147
hydrochlorothiazide 116
hydrocodone bitartrate 78, 79
hydrocodone-acetaminophen .. 79
hydrocodone-chlorpheniramine 283
hydrocodone-homatropine 283
hydrocodone-ibuprofen 79
hydrocortisone 175, 189, 214
hydrocortisone acetate 214
hydrocortisone butyrate 175
HYDROCORTISONE LOTION COMPLETE 175
hydrocortisone valerate 175
hydrocortisone-acetic acid 187
hydrocortisone-iodoquinl-aloe2 165
hydrocortisone-iodoquinol ... 165
hydrocortisone-iodoquinol-aloe 165
hydrocortisone-pramoxine ... 140, 214
HYDROCORTISONE-PRAMOXINE 140, 214
hydromet 283
hydromorphone 79
hydroxychloroquine 19
HYDROXYM 175
hydroxyurea 40
hydroxyzine hcl 282
hydroxyzine pamoate 282
HYFTOR 147
HYMPAVZI PEN 128
hyoscyamine sulfate 209
hyosyne 209
HYPER-SAL 289
HYQVIA 232
HYRIMOZ 246
HYRIMOZ PEN 246
HYRIMOZ PEN CROHN'S-UC STARTER 246
HYRIMOZ PEN PSORIASIS STARTER 246
HYRIMOZ(CF) 247
HYRIMOZ(CF) PEDI CROHN STARTER 246
HYRIMOZ(CF) PEN 247
HYSINGLA ER 79
HYZAAR 116

I

ibandronate 238
IBRANCE 40
IBSRELA 214
ibu 86
IBUPAK 86
ibuprofen 86
ibuprofen-famotidine 86
icatibant 289
iclevia 261
ICLOFENAC CP 86
ICLUSIG 40
icosapent ethyl 134
IDAMYCIN PFS 40
IDARAN 157
idarubicin 40

IDELVION....128
IDHIFA....40
IDOSE TR....275
IDYYXIATAR....157
IFEX....40
ifosfamide....40, 41
IGALMI....98
IHEEZO (PF)....272
ILARIS (PF)....224
ILEVRO....274
ILEXOR....175
ILUMYA....140
ILUVIEN....278
IMAAVY....75
imatinib....41
IMBRUVICA....41
IMDELLTRA....41
IMFINZI....41
IMIOXIA....167
imipenem-cilastatin....19
imipramine hcl....98
imipramine pamoate....98
imiquimod....147, 148
IMITREX....68
IMITREX STATDOSE PEN....68
IMITREX STATDOSE REFILL....69
IMJUDO....41
IMKELDI....41
IMLYGIC....41
IMOVAX RABIES VACCINE (PF)....232
IMPAVIDO....19
IMPOYZ....175
IMURAN....41
IMVEXXY MAINTENANCE PACK....254
IMVEXXY STARTER PACK....254
INBRIJA....66
incassia....254
INCRELEX....180
INCRUSE ELLIPTA....289
indapamide....117
INDERAL LA....117
INDERAL XL....117
INDOCIN....86
indomethacin....86
INDOMETHACIN....86
INFANRIX (DTAP) (PF)....232
INFLAMMA-K....86
INFLECTRA....214
INFLIXIMAB....215
INFUGEM....41
INGREZZA....72
INGREZZA INITIATION PK(TARDIV)....72
INGREZZA SPRINKLE....72
INLYTA....41
INNOPRAN XL....117
INPEFA....203
INQOVI....41
INREBIC....41
INSPRA....117
INSULIN ASP PRT-INSULIN ASPART....194
INSULIN ASPART U-100....194
INSULIN DEGLUDEC....195
INSULIN GLARGINE U-300 CONC....195
INSULIN GLARGINE-YFGN....195
INSULIN LISPRO....195, 196
INSULIN LISPRO PROTAMIN-LISPRO....195
INTELENCE....8
INTRAROSA....256
INTUNIV ER....98
INVEGA....99
INVELTYS....278
INVOKAMET....203
INVOKAMET XR....203
INVOKANA....203
INZDEAXIATAR....157
INZDEAXIAVAR....157
INZDEOXIA....157
INZIRQO....117
IODOFLEX....148
IODOSORB....148
IOPIDINE....280
IPOL....232
ipratropium bromide....186, 289
ipratropium-albuterol....289
IQIRVO....215
irbesartan....117
irbesartan-hydrochlorothiazide....117
IRESSA....41
irinotecan....42
ISENTRESS....8
ISENTRESS HD....8
isibloom....261
isoniazid....19
ISORDIL....137
ISORDIL TITRADOSE....137
isosorbide dinitrate....137
isosorbide mononitrate....137
isosorbide-hydralazine....117
isotretinoin....157
isradipine....117
ISTALOL....269
ISTODAX....42
ISTURISA....199
ITHOXIA....157
ITOVEBI....42
itraconazole....4
ivabradine....136
ivermectin....19, 157
IVRA....42
IWILFIN....42
IXCHIQ (PF)....232
IXEMPRA....42
IXIARO (PF)....232
IXINITY....128
IYUZEH (PF)....275

J

JADENU....180
JADENU SPRINKLE....181
jaimiess....261
JAKAFI....42
JALYN....297
jantoven....128
JANUMET....203
JANUMET XR....203
JANUVIA....203
JARDIANCE....203
jasmiel (28)....261
javygtor....199
JAYPIRCA....42
JELMYTO....42
JEMPERLI....42
jencycla....254
JENTADUETO....203
JENTADUETO XR....204
JEVTANA....42
jinteli....254
JIVI....129
JOENJA....181
jolessa....261
JORNAY PM....99
JOURNAVX....86
joyeaux....261
JUBBONTI....238

JUBLIA 167
juleber 261
JULUCA 8
junel 1.5/30 (21) 261
junel 1/20 (21) 261
junel fe 1.5/30 (28) 261
junel fe 1/20 (28) 261
JUST RIGHT 5000 186
JUXTAPID 134
JYLAMVO 42
JYNARQUE 199
JYNNEOS (PF) 232
K
KADCYLA 42
kaitlib fe 261
KALBITOR 289
KALETRA 8
kalliga 261
KALYDECO 289
KANJINTI 42
KANUMA 199
KAPSPARGO SPRINKLE .. 117
KARBINAL ER 282
kariva (28) 261
KATERZIA 117
KAZANO 204
KAZURI 148
kelnor 1/35 (28) 261
kelnor 1/50 (28) 261
kemoplat 42
KENALOG 175
KEPIVANCE 30
KEPPRA 60
KEPPRA XR 60
keralyt 144
KERALYT RX 144
KERALYT SCALP 144
KERASTAT 148
KERAXA 86
KERENDIA 117
KERIDA 148
KESIMPTA PEN 108
ketoconazole 4, 167
ketodan 167
ketodan kit 167
ketoprofen 87
ketorolac 87, 274
KEVEYIS 72
KEVZARA 247
KEYTRUDA 42
KIMMTRAK 42
KIMYRSA 19
KINERET 247
KINRIX (PF) 232
kiprofen 87
KISQALI 42
KISUNLA 72
KITABIS PAK 19
KLARITY (CHONDROITIN) (PF) 272
KLARON 165
klayesta 167
KLISYRI (250 MG) 43
KLONOPIN 60
klor-con 300
klor-con 10 299
klor-con 8 299
klor-con m10 299
klor-con m15 300
klor-con m20 300
klor-con/ef 300
KLOXXADO 87
KOATE 129
kobee 302
KOGENATE FS 129
KONVOMEP 222
KORLYM 199
KORSUVA 181
KOSELUGO 43
KOSHER PRENATAL PLUS IRON 302
kourzeq 186
KOVALTRY 129
K-PHOS NO 2 297
K-PHOS ORIGINAL 297
KRAZATI 43
KRINTAFEL 19
KRISTALOSE 215
KRYSTEXXA 237
kurvelo (28) 261
KUVAN 199
KYLEENA 251
KYMRIAH 43
KYNARA 148
KYPROLIS 43
L
l norgest/e.estradiol-e.estrad. 261
labetalol 117
LABETALOL 117
lacosamide 60
lactated ringers 178
lactulose 215
LAGEVRIO (EUA) 8
LAMICTAL 60
LAMICTAL ODT 60
LAMICTAL ODT STARTER (BLUE) 60
LAMICTAL ODT STARTER (GREEN) 60
LAMICTAL ODT STARTER (ORANGE) 60
LAMICTAL STARTER (BLUE) KIT 60
LAMICTAL STARTER (GREEN) KIT 60
LAMICTAL STARTER (ORANGE) KIT 61
LAMICTAL XR 61
LAMICTAL XR STARTER (BLUE) 61
LAMICTAL XR STARTER (GREEN) 61
LAMICTAL XR STARTER (ORANGE) 61
lamivudine 8
lamivudine-zidovudine 8
lamotrigine 61
LAMPIT 19
LAMZEDE 181
LANOXIN 123
lanreotide 43
lansoprazole 222
lanthanum 300
LANTUS SOLOSTAR U-100 INSULIN 196
LANTUS U-100 INSULIN .. 196
lapatinib 43
larin 1.5/30 (21) 261
larin 1/20 (21) 261
larin fe 1.5/30 (28) 261
larin fe 1/20 (28) 261
LASIX 117
latanoprost 275
LATUDA 99
laxative (bisacodyl) 215
laxative peg 3350 215
layolis fe 261
LAZCLUZE 43
LDO PLUS 162
LEDIPASVIR-SOFOSBUVIR. 8
leena 28 262
LEFLUNICLO 247
leflunomide 247

LEMTRADA....108
lenalidomide....43
LENTOCILIN S....24
LENVIMA....43
LEQEMBI....72
LEQVIO....134
LESCOL XL....134
lessina....262
LETAIRIS....289
letrozole....43
leucovorin calcium....30
LEUKERAN....43
LEUKINE....224
leuprolide....43
levalbuterol hcl....289
LEVALBUTEROL TARTRATE....289
LEVAMLODIPINE....117
LEVBID....209
levetiracetam....61, 62
LEVETIRACETAM....62
LEVICYN ANTIPRURITIC 148
LEVICYN ANTIPRURITIC SG....148
levobunolol....269
levocarnitine....181
levocarnitine (with sugar)....181
levofloxacin....25, 267
levofloxacin in d5w....25
levonest (28)....262
levonorgest-eth.estradiol-iron....262
levonorgestrel....262
levonorgestrel-ethinyl estrad 262
levonorg-eth estrad triphasic 262
levora-28....262
levorphanol tartrate....79
levo-t....207
levothyroxine....207
LEVOTHYROXINE....207
levoxyl....207
LEVSIN....209
LEVSIN/SL....209
LEVULAN....148
LEXAPRO....99
LEXTOL....87
LIALDA....215
LIBRAX (WITH CLIDINIUM)....209
LIBTAYO....43
LICART....87
lidocaine....163
lidocaine hcl....162
lidocaine hcl-hydrocortison ac....162, 215
LIDOCAINE HCL-HYDROCORTISON AC 215
lidocaine viscous....163
lidocaine-hydrocortisone-aloe....215
lidocaine-prilocaine....163
LIDOCAINE-TETRACAINE....163
lidocan iii....163
lidocan iv....163
lidocan v....163
lidocort....163
LIDODERM....163
lido-k....163
lidopin....163
LIDOPIN....163
LIDO-PRILO CAINE PACK....163
LIDORX....163
lido-sorb....163
lidotor....163
LIDOTRAL....163
lidozion....163
LIDTOPIC....163
LIDTOPIC MAX....163
LIFEMS NALOXONE....87
LIKMEZ....19
LILETTA....251
LINCOCIN....19
lincomycin....19
linezolid....19
linezolid in dextrose 5%....19
linezolid-0.9% sodium chloride....19
LINZESS....215
liothyronine....207
LIPITOR....134
LIPOFEN....134
liraglutide....204
lisdexamfetamine....99
lisinopril....117
lisinopril-hydrochlorothiazide....118
LITFULO....181
lithium carbonate....99
lithium citrate....99
LITHOBID....99
LITHOSTAT....181
LIVALO....134
LIVDELZI....215
LIVIXIL PAK....163
LIVMARLI....215
LIVTENCITY....8
LIXOFEN....87
LO LOESTRIN FE....262
LODINE....87
LODOCO....137
LODOSYN....66
LOESTRIN 1.5/30 (21)....262
LOESTRIN 1/20 (21)....262
LOESTRIN FE 1.5/30 (28-DAY)....262
LOESTRIN FE 1/20 (28-DAY)....262
lofena....87
lofexidine....87
lojaimiess....262
LOKELMA....300
LOMOTIL....209
LONSURF....43
LOPID....134
lopinavir-ritonavir....8
LOPRESSOR....118
LOPROX (AS OLAMINE)..168
LOPROX KIT....168
LOQTORZI....43
lorazepam....99
lorazepam intensol....99
LORBRENA....43
LOREEV XR....99
loryna (28)....262
LORZONE....75
losartan....118
losartan-hydrochlorothiazide 118
LOTEMAX....278, 279
LOTEMAX SM....279
LOTENSIN....118
LOTENSIN HCT....118
loteprednol etabonate....279
LOTREL....118
LOTREXONE....87
LOTRONEX....215
LOUNZDOMDIOXIATAR.157
LOUTREX....148
lovastatin....134
LOVAZA....134
LOVENOX....129
low-ogestrel (28)....262

loxapine succinate 99
LOYON 148
lo-zumandimine (28) 263
lubiprostone 215
LUCEMYRA 87
LUCENTIS 272
ludent fluoride 302
lugols 165, 300
LULICONAZOLE 168
LUMAKRAS 44
LUMIGAN 275
LUMIZYME 199
LUMRYZ 99
LUMRYZ STARTER PACK. 99
LUNESTA 100
LUNSUMIO 44
LUPKYNIS 44
LUPRON DEPOT 44
LUPRON DEPOT (3 MONTH) 44
LUPRON DEPOT (4 MONTH) 44
LUPRON DEPOT (6 MONTH) 44
LUPRON DEPOT-PED 44
LUPRON DEPOT-PED (3 MONTH) 44
lurasidone 100
lurbipr 87
lutera (28) 263
LUTRATE DEPOT (3 MONTH) 44
LUXAMEND 148
LUXTURNA 272
LUZU 168
LYBALVI 100
lyleq 254
lyllana 254
LYNPARZA 44
LYRICA 62
LYRICA CR 62
LYSODREN 44
LYTGOBI 44
LYUMJEV KWIKPEN U-100 INSULIN 196
LYUMJEV KWIKPEN U-200 INSULIN 196
LYUMJEV TEMPO PEN(U-100)INSULN 196
LYUMJEV U-100 INSULIN 196
LYVISPAH 75
lyza 254

M

MACROBID 28
mafenide acetate 165
magnesium citrate 215
MALARONE 19
MALARONE PEDIATRIC ... 19
malathion 178
maraviroc 8
MAR-COF CG 284
MARGENZA 44
MARINOL 216
marlissa (28) 263
MARNATAL-F 303
MARPLAN 100
MATULANE 44
matzim la 118
MAVENCLAD (10 TABLET PACK) 108
MAVENCLAD (4 TABLET PACK) 108
MAVENCLAD (5 TABLET PACK) 109
MAVENCLAD (6 TABLET PACK) 109
MAVENCLAD (7 TABLET PACK) 109
MAVENCLAD (8 TABLET PACK) 109
MAVENCLAD (9 TABLET PACK) 109
MAVYRET 8
MAXALT 69
MAXALT-MLT 69
MAXIDEX 279
MAXITROL 277
maxi-tuss ac 284
MAXI-TUSS CD 284
MAYZENT 109
MAYZENT STARTER(FOR 1MG MAINT) 109
MAYZENT STARTER(FOR 2MG MAINT) 109
mb caps 297
mb hydrogel 148
mb hydrogel (cyclomethicone) 148
meclizine 216
meclofenamate 87
MEDROL 189
MEDROL (PAK) 189
medroxyprogesterone 255
mefenamic acid 87
mefloquine 20
megestrol 44, 45
MEKINIST 45
MEKTOVI 45
meloxicam 87
MELOXICAM 87
meloxicam submicronized 88
melphalan hcl 45
memantine 72
MEMANTINE 72
memantine-donepezil 72
MENEST 255
MENOSTAR 255
MENQUADFI (PF) 232
MENVEO A-C-Y-W-135-DIP (PF) 232
meperidine 79
meprobamate 75
MEPRON 20
MEPSEVII 199
mercaptopurine 45
meropenem 20
MEROPENEM 20
MEROPENEM-0.9% SODIUM CHLORIDE 20
merzee 263
mesalamine 216
mesalamine with cleansing wipe 216
MESNEX 30
MESTINON 75
MESTINON TIMESPAN 75
METADATE CD 100
metaxalone 75
METAXALONE 75
METDRAY 148
metformin 204
METFORMIN 204
methadone 79, 80
methadose 80
methamphetamine 100
methazolamide 274
methenamine hippurate 28
methenamine mandelate 28
methen-sod phos-meth blue-hyos 297
methimazole 190
METHITEST 199

methocarbamol 75
methotrexate sodium 45
methotrexate sodium (pf) 45
methoxsalen..... 148
methscopolamine..... 209
methsuximide 62
methyl salicylate..... 148
methyldopa 118
methyldopa-hydrochlorothiazide 118
methylergonovine..... 267
METHYLIN 100
methylphenidate 101
methylphenidate hcl 100, 101
METHYLPHENIDATE HCL 100
methylprednisolone 189
methyltestosterone..... 199
metoclopramide hcl 216
metolazone 118
metoprolol succinate 118
metoprolol ta-hydrochlorothiaz 118
metoprolol tartrate 118
metro i.v. 20
METROCREAM..... 157
METROGEL 157
metronidazole 20, 157, 256
METRONIDAZOLE..... 20
metronidazole in nacl (iso-os) 20
metyrosine 118
mexiletine 110
MIACALCIN 199
mibelas 24 fe 263
micafungin..... 4
MICAFUNGIN IN 0.9 % SODIUM CHL 4
MICARDIS 118
MICARDIS HCT 118
MICONAZOLE NITRATE-ZINC OX-PET 168
miconazole-3 257
microgestin 1.5/30 (21) 263
microgestin 1/20 (21) 263
microgestin fe 1.5/30 (28) 263
microgestin fe 1/20 (28) 263
MICURADERM 148
midazolam 101
midodrine 181
MIEBO (PF)..... 272
mifepristone..... 199
migergot..... 69
miglitol 204
miglustat 200
MIGRANAL 69
MIGRANOW 69
mili..... 263
milk of magnesia 216
milk of magnesia concentrated 216
millipred 189
millipred dp 189
mimvey..... 255
MINIVELLE 255
MINOCIN 27
minocycline 27
MINOCYCLINE 27
minoxidil 118
minzoya 263
MIOCHOL-E..... 270
miostat 275
MIPLYFFA 72
mirabegron..... 296
MIRCERA..... 224
MIRENA 251
mirtazapine 101
MIRVASO..... 157
misoprostol 222
MITIGARE 237
mitomycin..... 45
mitoxantrone..... 45
MIUDELLA 251
MKO (MIDAZOLAM-KETAMINE-ONDAN) 101
M-M-R II (PF)..... 232
m-natal plus 303
modafinil 101
MODERNA COVID 24-25(6M-11Y)PF 232
moexipril 118
molindone..... 101
mometasone..... 175, 290
mondoxyne nl 28
MONJUVI..... 45
mono-linyah..... 263
MONOVISC..... 88
montelukast 290
MORGIDOX 1X 50 28
MORGIDOX 1X100 28
morphine..... 80
morphine concentrate 80
MOTEGRITY 216
MOTOFEN..... 209
MOTPOLY XR 62
MOUNJARO..... 204
MOVANTIK 216
MOVIPREP 216
MOXATAG..... 24
MOXICAINE 163
moxifloxacin..... 25, 267
MOXIFLOXACIN (PF)-BSS 267
MOXIFLOXACIN-SOD CHLOR,ISO(PF) 267, 268
MOXIFLOXACIN-SOD.ACE,SUL-WATER ... 26
moxifloxacin-sod.chloride(iso) 26
MOZOBIL..... 225
MRESVIA (PF)..... 232
MS CONTIN 80
MUGARD 186
MULPLETA..... 129
MULTAQ 110
multi-vitamin with fluoride .. 303
mupirocin..... 165
mupirocin calcium 165
MVASI 45
mvc-fluoride 303
my choice..... 263
my way 263
MYALEPT 200
MYCAMINE..... 4
MYCAPSSA..... 45
mycophenolate mofetil 45
mycophenolate mofetil (hcl)... 45
mycophenolate sodium 46
MYDAYIS 101
MYDCOMBI..... 270
MYDRIACYL..... 270
MYDRIATIC4(TROP-PROP-PE-KTRLC)..... 272
MYFEMBREE 257
MYFORTIC 46
MYHIBBIN..... 46
MYLERAN 46
MYLOTARG 46
mynatal 303
mynatal plus..... 303
mynatal-z 303
MYOBLOC 233
MYRBETRIQ..... 296
MYSOLINE 62

MYTESI 210
N
nabumetone 88
nadolol 118
nafcillin 24
nafcillin in dextrose iso-osm .. 24
naftifine 168
NAFTIN 168
NAGLAZYME 200
NALFON 88
NALOCET 80
naloxone 88
NALTREX 88
naltrexone 88
NAMENDA TITRATION PAK 72
NAMENDA XR 72, 73
NAMZARIC 73
NANRAN 165
NAPRELAN CR 88
NAPROSYN 88
naproxen 88
naproxen sodium 88
naproxen-esomeprazole 88
naratriptan 69
NARCAN 88
NARDIL 101
NATACYN 268
NATAL PNV 303
NATAZIA 263
nateglinide 204
NATROBA 178
natura-lax 216
NAYZILAM 62
nebivolol 119
NEBUPENT 20
nebusal 290
NEBUSAL 290
necon 0.5/35 (28) 263
nefazodone 101
NEFFY 282
nelarabine 46
NEMLUVIO 46
NENDRUX 144
neomycin 20
neomycin-bacitracin-poly-hc 277
neomycin-bacitracin-polymyxin 268
neomycin-polymyxin b gu ... 178
neomycin-polymyxin b-dexameth 277
neomycin-polymyxin-gramicidin 268
neomycin-polymyxin-hc 188, 277
NEONATAL COMPLETE .. 303
NEONATAL PLUS VITAMIN 303
NEONATAL-DHA 303
neo-polycin 268
neo-polycin hc 277
NEORAL 46
NEOSALUS 148
NEO-SYNALAR 165
NEO-SYNALAR KIT 165
neo-vital rx 303
NERLYNX 46
NESINA 204
NESTABS 303
NESTABS ABC 303
NESTABS DHA 303
neuac 158
NEUAC KIT 158
NEULASTA 225
NEULASTA ONPRO 225
NEUPOGEN 225
NEUPRO 67
NEURONTIN 62
NEVANAC 274
nevirapine 8
new day 263
newgen 303
NEXAVAR 46
NEXICLON XR 119
NEXIUM 222
NEXIUM PACKET 222
NEXLETOL 134
NEXLIZET 134
NEXOBRID 178
NEXPLANON 257
NEXTSTELLIS 263
NEXVIAZYME 200
NGENLA 226
niacin 134
NIACOR 134
nicardipine 119
NICODERM CQ 184
nicorette 184
NICORETTE 184
nicotine 184
nicotine (polacrilex) 184
NICOTROL NS 184
nifedipine 119
nikki (28) 263
NIKTIMVO 46
NILANDRON 46
nilutamide 46
nimodipine 119
NINJACOF-XG 284
NINLARO 46
NIPENT 46
nisoldipine 119
nitazoxanide 20
nitisinone 181
nitro-bid 137
NITRO-DUR 137
nitrofurantoin 28
NITROFURANTOIN 29
nitrofurantoin macrocrystal 28
nitrofurantoin monohyd/m-cryst 28
nitroglycerin 137, 216
NITROLINGUAL 138
NITROMIST 138
NITROSTAT 138
nitro-time 138
NITYR 181
niva thyroid 207
NIVESTYM 225
nizatidine 222
NOCDURNA (MEN) 200
NOCDURNA (WOMEN) 200
nora-be 255
NORDITROPIN FLEXPRO 227
norelgestromin-ethin.estradiol 257
noreth-ethinyl estradiol-iron .263
norethindrone (contraceptive) 255
norethindrone acetate 255
norethindrone ac-eth estradiol 255, 263
norethindrone-e.estradiol-iron 264
NORGESIC 76
NORGESIC FORTE 75
norgestimate-ethinyl estradiol 264
NORITATE 158
NORLIQVA 119
NORPACE 111
NORPACE CR 110
NORTHERA 181

nortrel 0.5/35 (28) 264
nortrel 1/35 (21) 264
nortrel 1/35 (28) 264
nortrel 7/7/7 (28) 264
nortriptyline 101
NORVASC 119
NORVIR 9
NOURIANZ 67
NOVACORT 216
NOVAVAX COVID 2024-25(PF)(EUA) 233
NOVOEIGHT 129
NOVOLIN 70-30 FLEXPEN U-100 196
NOVOLIN N FLEXPEN 196
NOVOLIN R FLEXPEN 196
NOVOLOG FLEXPEN U-100 INSULIN 196
NOVOLOG MIX 70-30 U-100 INSULN 196
NOVOLOG MIX 70-30FLEXPEN U-100 196
NOVOLOG PENFILL U-100 INSULIN 197
NOVOLOG U-100 INSULIN ASPART 197
NOVOSEVEN RT 129
NOXAFIL 4
NOXIPAK 175
np thyroid 207
NPLATE 129
NUBEQA 46
NUCALA 290
NUCORT 176
NUCYNTA 89
NUCYNTA ER 89
NUEDEXTA 73
NUJO 148
NUJU 148
NULEV 210
NULIBRY 73
NULOJIX 46
NUMBONEX 164
NUMBRINO 164
NUPLAZID 101
NURTEC ODT 69
NUTRASEB 148
NUTROPIN AQ NUSPIN 227
NUVARING 257
NUVESSA 257
NUVIGIL 101
NUWIQ 129
NUZYRA 28
nyamyc 168
nylia 1/35 (28) 264
nylia 7/7/7 (28) 264
NYMALIZE 119
NYPOZI 225
nystatin 4, 168
nystatin-triamcinolone 168
nystop 168
NYVEPRIA 225

O

OB COMPLETE ONE 304
OB COMPLETE PETITE 304
OB COMPLETE PREMIER 304
OB COMPLETE WITH DHA 304
OBIZUR 129
OCALIVA 216
ocella 264
OCREVUS 109
OCREVUS ZUNOVO 109
OCTAGAM 233
octreotide acetate 46, 47
octreotide,microspheres 47
OCUFLOX 268
ODEFSEY 9
ODOMZO 47
OFEV 290
ofloxacin 26, 187, 268
OGIVRI 47
OGSIVEO 47
OHTUVAYRE 290
OJEMDA 47
OJJAARA 47
olanzapine 101
olanzapine-fluoxetine 101
olmesartan 119
olmesartan-amlodipin-hcthiazid 119
olmesartan-hydrochlorothiazide 119
olopatadine 186
OLPRUVA 181
OLUMIANT 247
OLUX 176
OMECLAMOX-PAK 222
omega-3 acid ethyl esters 134
omeprazole 222
omeprazole-sodium bicarbonate 222
OMIDRIA 272
OMNARIS 290
OMNIPOD 5 (G6/LIBRE 2 PLUS) 192
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 192
OMNIPOD 5 G6-G7 PODS (GEN 5) 192
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) 191
OMNIPOD DASH INTRO KIT (GEN 4) 192
OMNIPOD DASH PODS (GEN 4) 192
OMNITROPE 227
OMVOH 217
OMVOH PEN 217
ONAPGO 67
ONCASPAR 47
ondansetron 217
ONDANSETRON 217
ondansetron hcl 217
one daily prenatal 304
onelax magnesium citrate 217
ONETOUCH ULTRA TEST 191
ONETOUCH ULTRA2 METER 191
ONETOUCH VERIO TEST STRIPS 191
ONEXTON 158
ONFI 62
ONGENTYS 67
ONIVYDE 47
ONPATTRO 73
ONTRUZANT 47
ONUREG 47
ONYDA XR 102
ONZDEAXIADEMTAR 158
ONZDEAXIADEMVAR 158
ONZDEAXIATAR 158
ONZDEAXIAVAR 158
ONZDEAXIAZAR 158
ONZDEOXIA 158
ONZETRA XSAIL 69
opcicon one-step 264
OPDIVO 47
OPDIVO QVANTIG 47
OPDUALAG 47
OPFOLDA 200

OPILL....255
OPIPZA....102
opium tincture....210
OPSUMIT....290
OPSYNVI....290
option-2....264
OPVEE....89
OPZELURA....149
ORACEA....28
ORACIT....298
oral saline laxative....217
ORALAIR....233
oralone....186
ORAMAGICRX....186
ORAPEUTIC....186
ORAPRED ODT....189
ORAVIG....4
ORBACTIV....20
ORENCIA....248
ORENCIA (WITH MALTOSE)....248
ORENCIA CLICKJECT....248
ORENITRAM....120
ORENITRAM MONTH 1 TITRATION KT....119
ORENITRAM MONTH 2 TITRATION KT....120
ORENITRAM MONTH 3 TITRATION KT....120
ORFADIN....181
ORGOVYX....47
ORIAHNN....257
ORILISSA....200
ORKAMBI....290
ORLADEYO....290
ormalvi....73
orphenadrine citrate....76
orphenadrine-asa-caffeine....76
orphengesic forte....76
ORSERDU....47
ORTHOVISC....89
oscimin....210
oscimin sl....210
oseltamivir....9
OSENI....204
OSPHENA....257
OTEZLA....248
OTEZLA STARTER....248
OTOVEL....188
OTREXUP (PF)....248
OTULFI....140
OVACE....140
OVACE PLUS....140
OVACE PLUS SHAMPOO....140
OVACE PLUS WASH....140
OVIDE....178
oxacillin....24
oxacillin in dextrose(iso-osm)....24
oxaliplatin....48
oxaprozin....89
OXAPROZIN....89
oxazepam....102
oxcarbazepine....62
OXERVATE....272
OXIAICE....158
OXIANUJO....149
OXIANUJO (WITH HYALURONATE)....149
OXIATAR....158
OXIAVARRY....158
OXIAVARY....158
OXIAZAR....158
oxiconazole....168
OXISTAT....168
OXTELLAR XR....62
oxybutynin chloride....296
OXYBUTYNIN CHLORIDE....296
oxycodone....80
OXYCODONE....80
oxycodone-acetaminophen....81
OXYCONTIN....81
oxymorphone....81
OXYTROL....296
OZEMPIC....204
OZOBAX....76
OZOBAX DS....76
OZURDEX....279

P

pacerone....111
paclitaxel....48
paclitaxel protein-bound....48
PACNEX....158
PADCEV....48
PALFORZIA (LEVEL 0)....233
PALFORZIA (LEVEL 1)....233
PALFORZIA (LEVEL 2)....233
PALFORZIA (LEVEL 3)....233
PALFORZIA (LEVEL 4)....233
PALFORZIA (LEVEL 5)....233
PALFORZIA (LEVEL 6)....233
PALFORZIA (LEVEL 7)....233
PALFORZIA (LEVEL 8)....233
PALFORZIA (LEVEL 9)....233
PALFORZIA (LEVEL 10)....234
PALFORZIA INITIAL (1-3 YRS)....234
PALFORZIA INITIAL (4-17 YRS)....234
PALFORZIA LEVEL 11 MAINTENANCE....234
paliperidone....102
PALYNZIQ....200
PAMELOR....102
PANCREAZE....217
PANDEL....176
PANRETIN....149
pantoprazole....222
PANZYGA....234
PARAGARD T 380A....251
paraplatin....48
paricalcitol....200
PARNATE....102
paroex oral rinse....186
paroxetine hcl....102
paroxetine mesylate(menop.sym)....102
PASER....20
PAXIL....102
PAXIL CR....102
PAXLOVID....9
pazopanib....48
PEDIARIX (PF)....234
PEDVAX HIB (PF)....234
peg 3350-electrolytes....217
peg3350-sod sul-nacl-kcl-asb-c....217
PEGASYS....227
peg-electrolyte soln....217
PEMAZYRE....48
PEMETREXED....48
pemetrexed disodium....48
PEMETREXED DISODIUM....48
PEMFEXY....48
PEMRYDI RTU....48
PENBRAYA (PF)....234
penciclovir....169
penicillamine....248
PENICILLIN G POT IN DEXTROSE....24
penicillin g potassium....24
penicillin g sodium....24
penicillin v potassium....24

PENNSAID 89
PENTACEL (PF) 234
PENTAM 20
pentamidine 20
PENTASA 217
pentazocine-naloxone 89
pentoxifylline 129
PEPCID 223
PERCOCET 81
PERFOROMIST 291
PERIDEX 186
perindopril erbumine 120
periogard 186
PERJETA 48
permethrin 178
perphenazine 102
perphenazine-amitriptyline ... 102
PERTZYE 218
PFIZER COVID 2024-25(5Y-11Y)PF 234
PFIZER COVID 2024-25(6MO-4Y)PF 234
pfizerpen-g 24
PHEBURANE 181
PHEDRAX 169
phenazopyridine 299
phenelzine 102
phenobarb-hyoscy-atropine-scop 210
phenobarbital 63
phenohytro 210
phenoxybenzamine 120
phenylephrine hcl 280
phenyleph-tropicamide in water 270
PHENYTEK 63
phenytoin 63
phenytoin sodium extended 63
PHEODOYO 149
PHEOXIA 169
PHESGO 48
PHEXXI 257
PHEYO 169
philith 264
phosphate laxative 218
PHOSPHOLINE IODIDE 269
PHOTOFRIN 48
PHOTREXA CROSS-LINKING KIT 272
PHYSIOLYTE 178
PHYSIOSOL IRRIGATION 178
PIASKY 181
PIFELTRO 9
pilocarpine hcl 186, 270
pimecrolimus 149
pimozide 102
pimtrea (28) 264
pindolol 120
pioglitazone 204
pioglitazone-glimepiride 204
pioglitazone-metformin 205
piperacillin-tazobactam 25
PIQRAY 49
pirfenidone 291
PIRFENIDONE 291
piroxicam 89
pitavastatin calcium 134
PLAN B ONE-STEP 264
PLAQUENIL 20
PLAVIX 130
PLEGRIDY 109
PLENURA 141
PLENVU 218
plerixafor 225
PLEXION 158
PLEXION CLEANSING CLOTHS 158
PLEXION NS 141
PLIAGLIS 164
PNEUMOVAX-23 234
PNV TABS 20-1 304
pnv-select 304
PODOCON 144
podofilox 149
POKONZA 300
POLIVY 49
polycin 268
polyethylene glycol 3350 218
polymyxin b sulfate 20
polymyxin b sulf-trimethoprim 268
POLY-TUSSIN AC 284
POMALYST 49
POMBILITI 200
PONVORY 109
PONVORY 14-DAY STARTER PACK 109
portia 28 264
posaconazole 4
potassium chloride 300
POTASSIUM CHLORIDE 300
potassium citrate 298
potassium iodide 190
POTELIGEO 49
povidone-iodine 268
powderlax 218
PR BENZOYL PEROXIDE 158
pr natal 400 304
pr natal 400 ec 304
pr natal 430 304
pr natal 430 ec 304
PRADAXA 130
PRALATREXATE 49
PRALUENT PEN 134
pramipexole 67
PRAMOSONE 141
prasugrel hcl 130
pravastatin 135
praziquantel 20
prazosin 120
PRECOSE 205
PRED FORTE 279
PRED MILD 279
prednicarbate 176
prednisoln sp-moxiflox-bromfen 272
prednisolone 189
prednisolone acetate 279
PREDNISOLONE ACETATE (PF) 279
PREDNISOLONE ACETATE-BROMFENAC 272
PREDNISOLONE ACETATE-NEPAFENAC 272
prednisolone sod ph-bromfenac 272
PREDNISOLONE SOD PH-MOXIFLOX 277
prednisolone sodium phosphate 190, 279
PREDNISOLONE-MOXIFLO-NEPAFENAC 273
PREDNISOLONE-MOXIFLOXACIN HCL ..277
PREDNISOLONE-MOXIFLOX-BROMFEN 273
PREDNISOLON-MOXIFLOX-KETOROLAC 273
prednisone 190
prednisone intensol 190
pregabalin 63
PREGEN DHA 304
PREGENNA 304

PREMARIN 255
PREMPHASE 255
PREMPRO 255
PRENATA 304
prenatabs fa 304
prenatabs rx 304
prenatal 305
prenatal complete 304
prenatal multi-dha (algal oil) 305
prenatal multivitamins 305
prenatal one daily 305
prenatal plus 305
prenatal plus (calcium carb) . 305
PRENATAL PLUS DHA 305
PRENATAL PLUS VITAMIN-MINERAL 305
prenatal vit no.179-iron-folic 305
prenatal vitamin 305
prenatal vitamin with minerals 305
PRENATE DHA (FERR ASP GLYCIN) 305
PRENATE ELITE (IRON ASP GLYC) 305
PRENATE ENHANCE 305
PRENATE MINI (FERR ASP GLYCIN) 305
PRENATE PIXIE 305
PRENATE RESTORE 306
PRENATE STAR 306
PREPIDIL 257
PRESERA 149
PRESTALIA 120
PRETOMANID 21
PREVACID 223
PREVACID SOLUTAB 223
prevalite 135
PREVIDENT 187
PREVIDENT 5000 BOOSTER PLUS 186
PREVIDENT 5000 ENAMEL PROTECT 186
PREVIDENT 5000 ORTHO DEFENSE 186
PREVIDENT 5000 PLUS 186
PREVIDENT 5000 SENSITIVE 187
PREVIDENT KIDS 187
PREVNAR 20 (PF) 234
PREVYMIS 9
PREZCOBIX 9
PREZISTA 9
PRIFTIN 21
PRILO PATCH 164
PRILOSEC 223
PRIMACARE 306
primaquine 21
PRIMAXIN IV 21
primidone 63
PRIMIDONE 63
PRIMLEV 81
PRIMSOL 29
PRIORIX (PF) 234
PRISTIQ 102
PRIVIGEN 235
PROAIR DIGIHALER 291
PROAIR RESPICLICK 291
probenecid 237
probenecid-colchicine 237
PROCARDIA XL 120
procentra 102
prochlorperazine 218
prochlorperazine maleate 218
PROCORT 218
PROCRIT 225
PROCTOCORT 218
PROCTOFOAM HC 218
procto-med hc 218
proctosol hc 218
proctozone-hc 218
PROCYSBI 298
PROFILNINE 130
PROFINAC 89
progesterone 255
progesterone micronized 255
PROGLYCEM 191
PROGRAF 49
PROLASTIN-C 182
prolate 81
PROLATE 81
PROLENSA 274
PROLEUKIN 225
PROLIA 238
PROMACTA 130
promethazine 282
promethazine-codeine 284
promethazine-dm 284
promethazine-phenylephrine 284
promethegan 282
PROMETRIUM 255
PROMISEB 149
PRONAL 149
propafenone 111
proparacaine 273
propranolol 120
propranolol-hydrochlorothiazid 120
propylthiouracil 190
PROQUAD (PF) 235
PROSCAR 297
PROTHELIAL 187
PROTONIX 223
protriptyline 102
PROVERA 255
PROVIDA OB 306
PROVIGIL 103
PROZAC 103
prucalopride 218
pruclair 149
prudoxin 149
prumyx 149
PULMICORT 291
PULMICORT FLEXHALER 291
pulmosal 291
PULMOZYME 291
PURAZIL 141
purelax 218
PURIXAN 49
PYLERA 223
pyrazinamide 21
PYRIDIUM 299
pyridostigmine bromide 76
PYRIDOSTIGMINE BROMIDE 76
pyrimethamine 21
PYRUKYND 182
PYZCHIVA 141

Q

QBRELIS 120
QBREXZA 149
QELBREE 103
QFITLIA 130
QFITLIA PEN 130
QINLOCK 49
QLOSI 270
QNASL 291
QUADRACEL (PF) 235
QUALAQUIN 21
QUAZEPAM 103
QUESTRAN 135
QUESTRAN LIGHT 135
quetiapine 103

QUETIAPINE 103
QUIDROXZAR 149
QUIHOXAXIA 149
QUIHOXVAR 149
QUILLICHEW ER 103
QUILLIVANT XR 103
quinapril 120
quinapril-hydrochlorothiazide 120
quinidine gluconate 111
quinidine sulfate 111
quinine sulfate 21
QUINIXIL 176
QUINJA 165
quit 2 ..... 184, 185
quit 4 185
QULIPTA 69
QUTENZA 149
QUVIVIQ 103
QVAR REDIHALER 291
R
RABAVERT (PF) 235
rabeprazole 223
RABEPRAZOLE 223
RADICAVA 73
RADICAVA ORS STARTER KIT SUSP 73
RADIOGARDASE 182
RALDESY 103
raloxifene 238
ramelteon 103
ramipril 120
ranolazine 137
RAPAFLO 297
RAPIVAB (PF) 9
rasagiline 67
RASUVO (PF) 248
RAVICTI 182
RAYALDEE 200
RAYASAL 144
RAYOS 190
REBIF (WITH ALBUMIN) 109
REBIF REBIDOSE 110
REBIF TITRATION PACK 110
REBINYN 130
REBLOZYL 225
REBYOTA 218
RECARBRIO 21
RECLAST 182
reclipsen (28) 264
RECOMBINATE 130
RECOMBIVAX HB (PF) 235
RECORLEV 200
RECTIV 218
REGLAN 218
REGRANEX 149
RELAFEN DS 89
RELAGARD 257
RELENZA DISKHALER 9
RELEUKO 225
RELEXXII 103
RELION NOVOLIN 70/30 197
RELION NOVOLIN N 197
RELION NOVOLIN R 197
RELISTOR 218, 219
RELPAX 69
RELTONE 219
REMERON 104
REMERON SOLTAB 104
REMICADE 219
REMODULIN 121
REMYDA 159
RENACIDIN 298
rena-vite 306
RENFLEXIS 219
renthyroid 207
RENVELA 300
repaglinide 205
REPATHA PUSHTRONEX 135
REPATHA SURECLICK 135
REPATHA SYRINGE 135
RESPA-AR 284
RESTASIS 273
RESTASIS MULTIDOSE 273
RESTIMO 159
RESTORIL 104
RETACRIT 225
RETEVMO 49
RETIN-A 159
RETIN-A MICRO 159
RETIN-A MICRO PUMP 159
RETISERT 279
RETROVIR 9, 10
REVATIO 291
REVCOVI 182
REVLIMID 49
REVUFORJ 49
REXTOVY 89
REXULTI 104
REYATAZ 10
REYVOW 69
REZDIFFRA 182
REZLIDHIA 49
REZUROCK 49
REZVOGLAR KWIKPEN 197
REZZAYO 4
RHOFADE 159
RHOPRESSA 276
RIABNI 49
RIASTAP 130
ribavirin 10
RIDAURA 248
rifabutin 21
RIFADIN 21
rifampin 21
RILUTEK 182
riluzole 182
rimantadine 10
ringer's 178
RINVOQ 248
RINVOQ LQ 248
RIOMET 205
risedronate 182, 238
RISPERDAL 104
risperidone 104
RITALIN 104
RITALIN LA 104
ritonavir 10
RITUXAN 50
RITUXAN HYCELA 49
rivaroxaban 130
rivastigmine 73
rivastigmine tartrate 73
rivelsa 264
RIVFLOZA 298
RIXUBIS 130
rizatriptan 69
R-NATAL OB 306
ROAOXIA 89
ROBINUL 210
ROBINUL FORTE 210
ROCKLATAN 276
ROCTAVIAN 130
roflumilast 291
ROLVEDON 226
romidepsin 50
ROMIDEPSIN 50
ROMVIMZA 50
ropinirole 67
rosadan 159
ROSADAN 159
ROSITARA 159
ROSULA 159

rosula cleansing cloths 159
rosuvastatin.....135
ROSZET.....135
ROTARIX.....235
ROTATEQ VACCINE 235
ROVIS.....159
ROWASA.....219
roweepra.....63
ROXICODONE 82
ROXYBOND 82
ROZEREM.....104
ROZLYTREK 50
RUBRACA.....50
RUCONEST.....292
rufinamide 63
RUKOBIA.....10
RUMILO 159
RUXIENCE.....50
RYALTRIS 292
RYBELSUS 205
RYBREVANT 50
RYCLORA.....282
RYDAPT.....50
RYLAZE 50
RYNODERM.....149
RYONCIL 182
RYSTIGGO.....76
RYTARY 67
RYTELO 50
RYVENT.....283
S
SABRIL.....63
SAFYRAL.....264
sajazir 292
SALAGEN (PILOCARPINE) 187
SALICATE.....144
salicylic acid.....144, 145
salicylic acid-ceramides no.1145
salimez.....145
SALIMEZ FORTE.....145
salsalate 89
salvax.....145
SALVAX DUO PLUS 145
salycim 145
SAMSCA 200
SANCUSO 219
SANDIMMUNE 50
SANDOSTATIN.....50
SANDOSTATIN LAR DEPOT 50
SANTYL 178
SAPHNELO 50
SAPHRIS.....104
sapropterin 200
SARCLISA.....50
SAROXIA 159
SAVAYSA 130
SAVELLA.....248, 249
saxagliptin 205
saxagliptin-metformin 205
scalacort.....176
SCALACORT DK 176
SCEMBLIX.....51
SCENESSE 150
scopolamine base.....219
SEBUDERM 150
SECUADO 104
SEGLENTIS.....82
SEGLUROMET 205
SELARSDI.....141
SELECT-OB 306
SELECT-OB (FOLIC ACID) 306
SELECT-OB + DHA 306
selegiline hcl.....67
selenium sulfide.....141
SELZENTRY 10
SEMGLEE(INSULIN GLARGINE-YFGN).....197
SEMGLEE(INSULIN GLARG-YFGN)PEN 197
se-natal 19.....306
se-natal 19 chewable 306
SENSIPAR.....200
SEREVENT DISKUS 292
SERNIVO.....176
SEROQUEL 104
SEROQUEL XR.....105
SEROSTIM 227
sertraline 105
SERTRALINE.....105
setlakin.....264
sevelamer carbonate 300
sevelamer hcl.....300
SEVENFACT.....130, 131
SEYSARA.....28
sf 187
sf 5000 plus 187
SFROWASA 219
sharobel 256
SHINGRIX (PF).....235
SIGNIFOR.....51
SIGNIFOR LAR.....51
SIKLOS 51
sildenafil (pulm.hypertension) 292
SILENOR 105
SILIQ.....141
silodosin.....297
SILVADENE.....144
silver nitrate 150
silver nitrate applicators 150
silver sulfadiazine.....144
SILVRSTAT.....165
SIMBRINZA 276
SIMLANDI(CF) 249
SIMLANDI(CF) AUTOINJECTOR 249
simliya (28).....265
simpesse.....265
SIMPONI.....249
SIMPONI ARIA 249
SIMULECT 51
simvastatin.....135
SINEMET.....67
SINGULAIR.....292
SINUVA 292
sirolimus 51
SIRTURO 21
SIRVANA 159
SITAGLIPTIN.....205
SITAGLIPTIN-METFORMIN 205
SIVEXTRO 21
SKYCLARYS 73
SKYLA.....251
SKYRIZI 141, 219
SKYSONA 73
SKYTROFA 227
SLYND.....265
smoothlax 219
SOAANZ.....121
sodium chloride 182, 292
sodium chloride 0.9 %.....182
sodium citrate-citric acid 298
sodium fluoride 5000 plus....187
sodium fluoride-pot nitrate...187
SODIUM OXYBATE 105
sodium phenylbutyrate 182
sodium polystyrene sulfonate 300

sodium,potassium,mag sulfates 219
SOFDRA 150
SOFOSBUVIR-VELPATASVIR 10
SOGROYA 227
SOHONOS 182
solifenacin 296
SOLIQUA 100/33 197
SOLIRIS 183
SOLOSEC 21
SOLOX GEL 150
SOLTAMOX 51
soluvita 306
soluvita a,c,d with fluoride ... 306
SOMA 76
SOMATULINE DEPOT 51
SOMAVERT 200
sonafine 150
SOOLANTRA 159
sorafenib 51
SORBITOL 178
SORBITOL-MANNITOL 178
SORILUX 141
SORIXIA 159
sotalol 111
sotalol af 111
SOTYKTU 141
SOTYLIZE 111
SOVALDI 10
SOVUNA 21
SPEVIGO 141, 142
SPIKEVAX 2024-2025(12Y UP)(PF) 235
spinosad 178
SPINRAZA (PF) 73
SPIRIVA RESPIMAT 292
SPIRIVA WITH HANDIHALER 292
spironolactone 121
spironolacton-hydrochlorothiaz 121
SPORANOX 5
SPRAVATO 105
sprintec (28) 265
SPRITAM 63
SPRIX 89
SPRYCEL 51
sps (with sorbitol) 300, 301
sronyx 265
ssd 144
SSKI 190
sss 10-5 159
st joseph aspirin 90
st. joseph aspirin 90
STAMARIL (PF) 235
STEGLATRO 205
STEGLUJAN 205
STELARA 142
STEQEYMA 142
STEQEYMA I.V. 142
STIMUFEND 226
STIOLTO RESPIMAT 292
STIVARGA 51
stop smoking aid 185
STRATTERA 105
STRENSIQ 201
STREPTOMYCIN 21
stress formula with iron 306
stress formula with iron(sulf) 306
STRIBILD 10
STRIVERDI RESPIMAT 292
STROMECTOL 21
strong iodine 165, 301
SUBLOCADE 82
SUBOXONE 90
subvenite 63
subvenite starter (blue) kit 63
subvenite starter (green) kit 63
subvenite starter (orange) kit .. 63
SUCRAID 219
sucralfate 223
SUFLAVE 219
SULAR 121
SULCONAZOLE 169
sulfacetamide sodium ... 142, 280
sulfacetamide sodium (acne) 165
sulfacetamide sodium-sulfur 159, 160
SULFACETAMIDE SODIUM-SULFUR 160
sulfacetamide sod-sulfur-urea 160
sulfacetamide-prednisolone .. 280
sulfacleanse 8-4 160
sulfadiazine 26
sulfamethoxazole-trimethoprim 26
SULFAMYLON 165
sulfasalazine 219
sulfatrim 26
sulindac 90
SUMADAN 160
SUMADAN XLT 160
sumatriptan 69
sumatriptan succinate 69
sumatriptan-naproxen 70
SUMAXIN 160
SUMAXIN CP 160
SUMAXIN TS 160
sunitinib malate 51
SUNLENCA 10
SUNOSI 105
super b-50 complex 306
super quints 306
SUPPRELIN LA 51
SUPREP BOWEL PREP KIT 219
SURE RESULT TAC PAK .. 176
SUSVIMO 273
SUSVIMO (INITIAL FILL) 273
SUTAB 220
SUTENT 51
syeda 265
SYLVANT 51
SYMAX DUOTAB 210
symax fastabs 210
symax-sl 210
symax-sr 210
SYMBICORT 293
SYMBRAVO 70
SYMDEKO 293
SYMFI 10
SYMLINPEN 120 205
SYMLINPEN 60 205
SYMPAZAN 64
SYMPROIC 220
SYMTUZA 10
SYNAGIS 10
SYNALAR 176
SYNALAR CREAM KIT 176
SYNALAR OINTMENT KIT 176
SYNALAR TS 176
SYNAREL 201
SYNDROS 220
SYNJARDY 205
SYNJARDY XR 205
SYNTHROID 207
SYPRINE 183

T

TABLOID 51
TABRECTA 51

TACLONEX 142
tacrolimus 51, 150
tadalafil (pulm. hypertension) 293
TADLIQ 293
TAFINLAR 52
tafluprost (pf) 276
TAGRISSO 52
TAKE ACTION 265
TAKHZYRO 293
TALICIA 223
TALTZ AUTOINJECTOR .. 142
TALTZ AUTOINJECTOR (2 PACK) 142
TALTZ AUTOINJECTOR (3 PACK) 142
TALTZ SYRINGE 142
TALVEY 52
TALZENNA 52
TAMIFLU 10, 11
tamoxifen 52
tamsulosin 297
tanlor 76
TAPERDEX 190
TARDEOXIA 160
TARDIMAXIA 160
TARGADOX 28
TARGRETIN 52
tarina 24 fe 265
tarina fe 1/20 (28) 265
TAROXIA 160
TARPEYO 190
TASCENSO ODT 110
TASIGNA 52
tasimelteon 105
TASMAR 67
tavaborole 169
TAVALISSE 131
TAVNEOS 183
TAYTULLA 265
tazarotene 160, 161
TAZAROTENE 161
tazicef 14
TAZORAC 161
TAZVERIK 52
TECARTUS 52
TECELRA 52
TECENTRIQ 52
TECENTRIQ HYBREZA 52
TECFIDERA 110
TECVAYLI 52
TEFLARO 14
TEGLUTIK 183
TEGRETOL 64
TEGRETOL XR 64
TEKTURNA 121
TELIORA 176
telmisartan 121
telmisartan-amlodipine 121
telmisartan-hydrochlorothiazid 121
temazepam 105
TEMBEXA 11
TEMODAR 52
temozolomide 53
temsirolimus 53
tencon 82
TENIVAC (PF) 235, 236
tenofovir disoproxil fumarate . 11
TENORETIC 100 121
TENORETIC 50 121
TENORMIN 121
TEPADINA 53
TEPEZZA 201
TEPMETKO 53
TEPYLUTE 53
terazosin 121
terbinafine hcl 5
terbutaline 293
terconazole 257
teriflunomide 110
teriparatide 239
TERIPARATIDE 239
TERLIVAZ 201
TERSI FOAM 142
testosterone cypionate 201
testosterone enanthate 201
TETOXIA 176
tetrabenazine 73
tetracaine hcl 273
TETRACAINE HCL (PF) 273
tetracycline 28
TEVIMBRA 53
TEXACORT 176
TEZRULY 121
TEZSPIRE 293
THALITONE 121
THALOMID 53
THEO-24 293
theophylline 293
THIOLA 183
THIOLA EC 183
thioridazine 105
thiotepa 53
thiothixene 105
THRIVITE RX 307
THYMOGLOBULIN 236
THYQUIDITY 207
thyroid (pork) 207
tiadylt er 121
tiagabine 64
TIAZAC 122
TIBSOVO 53
ticagrelor 131
TICANASE 293
TICE BCG 236
TICOVAC 236
tigecycline 21
TIGLUTIK 183
TIKOSYN 111
tilia fe 265
TIMOL-BRIMON-DORZOL-BIMATO(PF) 276
timolol 269
timolol maleate 122, 269
timolol maleate (pf) 269
TIMOLOL-BRIMONIDI-DORZOLAM(PF) 276
TIMOLOL-DORZOLAM-BIMATOPRO(PF) 276
TIMOPTIC OCUDOSE (PF) 269
tinidazole 21
tiopronin 183
tiotropium bromide 293
TIROSINT 208
TIROSINT-SOL 208
TIVDAK 53
TIVICAY 11
TIVICAY PD 11
tizanidine 76
TOBI 21
TOBI PODHALER 21
TOBRADEX 277
TOBRADEX ST 277
tobramycin 22, 268
tobramycin in 0.225 % nacl 22
tobramycin sulfate 22
TOBRAMYCIN WITH NEBULIZER 22
tobramycin-dexamethasone .. 277
TOBRAMYCIN-VANCOMYCIN 268

TOBREX....268
TOFIDENCE....249
tolcapone....67
TOLECTIN 600....90
tolmetin....90
TOLSURA....5
tolterodine....296
tolvaptan....201
tolvaptan (polycys kidney dis)....201
TOPAMAX....64
TOPICORT....177
topiramate....64
TOPIRAMATE....64
topotecan....53
TOPROL XL....122
toremifene....53
TORISEL....53
TORONOVA II SUIK....90
TORONOVA SUIK....90
torpenz....53
torsemide....122
TOSYMRA....70
TOUJEO MAX U-300 SOLOSTAR....197
TOUJEO SOLOSTAR U-300 INSULIN....197
tovet emollient....177
TOVET KIT....177
TOVIAZ....296
TRACLEER....294
TRADJENTA....206
tramadol....90
TRAMADOL....90
tramadol-acetaminophen....90
trandolapril....122
trandolapril-verapamil....122
tranexamic acid....257
TRANSDERM-SCOP....220
tranylcypromine....105
TRANZAREL....164
TRAVATAN Z....276
travoprost....276
TRAZIMERA....53
trazodone....105
TREANDA....53
TRECATOR....22
TRELEGY ELLIPTA....294
TRELSTAR....53
TREMFYA....142, 143
TREMFYA PEN....143
TREMFYA PEN INDUCTION PK-CROHN....143
treprostinil sodium....122
TRESIBA FLEXTOUCH U-100....197
TRESIBA FLEXTOUCH U-200....197
TRESIBA U-100 INSULIN....197
TRESNI....90
tretinoin....161
tretinoin (antineoplastic)....53
tretinoin microspheres....161
TREXALL....53
TREXIMET....70
TREZIX....82
triamcinolone acetonide177, 187
triamterene....122
triamterene-hydrochlorothiazid....122
TRIASIL....177
triazolam....105
TRIBENZOR....122
TRICARE....307
tricon....307
TRICOR....135
triderm....177
trientine....183
TRIENTINE....183
TRIESENCE (PF)....190
tri-estarylla....265
trifluoperazine....105
trifluridine....268
trihexyphenidyl....67
TRIJARDY XR....206
TRIKAFTA....294
tri-legest fe....265
TRILEPTAL....64
tri-linyah....265
tri-lo-estarylla....265
tri-lo-marzia....265
tri-lo-mili....265
tri-lo-sprintec....265
trimethobenzamide....220
trimethoprim....29
tri-mili....265
trimipramine....105
TRIMO-SAN JELLY....257
trinatal rx 1....307
trinate....307
TRINAZ....307
TRINTELLIX....106
TRIONEX....143
TRIPTODUR....54
TRISENOX....54
tri-sprintec (28)....265
TRISTART DHA....307
TRIUMEQ....11
TRIUMEQ PD....11
tri-vitamin with fluoride....307
trivora (28)....266
tri-vylibra....266
tri-vylibra lo....266
TRODELVY....54
TROGARZO....11
TROKENDI XR....64
tropicamide....270
trospium....296
TRUDHESA....70
TRULANCE....220
TRULICITY....206
TRUMENBA....236
TRUQAP....54
TRUSTEX-RIA NON-LUB CONDOMS....251
TRUVADA....11
TRUXIMA....54
TRYNGOLZA....135
TRYVIO....137
TUDORZA PRESSAIR....294
TUKYSA....54
tulana....256
TURALIO....54
turqoz (28)....266
TUXARIN ER....284
TWINRIX (PF)....236
TWIRLA....257
TWYNEO....161
TYBLUME....266
TYBOST....11
TYENNE....250
TYENNE AUTOINJECTOR....250
TYGACIL....22
TYKERB....54
TYMLOS....239
TYPHIM VI....236
TYRVAYA....273
TYSABRI....73
TYVASO....294
TYVASO DPI....294
TYVASO REFILL KIT....294
TYVASO STARTER KIT....294

U
UBRELVY 70
UCERIS 220
UDENYCA 226
UDENYCA AUTOINJECTOR 226
UDENYCA ONBODY 226
ULESFIA 178
ULORIC 237
ULTOMIRIS 183
ULTRASAL-ER 145
ULTRAVATE 177
UMECLIDINIUM-VILANTEROL 294
UNASYN 25
unithroid 208
UNITUXIN 54
UNZDOMDIOXIAZAR 161
UPLIZNA 54
UPNEEQ (PF) 280
UPTRAVI 122
URAMAXIN 150
urea 150
UREA 150
urea nail stick 150
ure-k 150
URELLE 298
uretron d-s 298
URIBEL TABS 298
urimar-t 298
URIMAR-T 298
URNEVA 298
UROCIT-K 10 298
UROCIT-K 15 298
urogesic-blue 298
uro-mp 299
UROQID-ACID NO.2 299
uro-sp 299
UROXATRAL 297
URSO FORTE 220
ursodiol 220
uryl 299
USTEKINUMAB 143
USTEKINUMAB-AEKN 143
USTEKINUMAB-TTWE 143
UVADEX 150
V
VABOMERE 22
VABYSMO 273
VAFSEO 183
VAGIFEM 256
valacyclovir 11
VALCHLOR 150
VALCYTE 11
valganciclovir 11
VALIUM 106
valladerm-90 164
valproic acid 64
valproic acid (as sodium salt) 64
valsartan 122
VALSARTAN 122
valsartan-hydrochlorothiazide 122
VALTOCO 65
VALTREX 11
valtya 266
vanadom 76
VANCOCIN 29
vancomycin 29, 30
VANCOMYCIN 29
vancomycin in 0.9 % sodium chl 29
VANCOMYCIN IN 0.9 % SODIUM CHL 29
VANCOMYCIN IN DEXTROSE 5 % 29
VANCOMYCIN-DILUENT COMBO NO.1 30
vandazole 257
VANFLYTA 54
VANOS 177
VANOXIDE-HC 161
VANRAFIA 137
VAQTA (PF) 236
VARDIMAXIA 161
varenicline tartrate 185
VARIVAX (PF) 236
VAROPHEN (DICLOFENAC) 90
VAROXIA 161
VARUBI 220
VASCEPA 135
VASERETIC 123
VASHE 178
VASOTEC 123
VAXCHORA VACCINE 236
VAXELIS (PF) 236
VAXNEUVANCE (PF) 237
VCF CONTRACEPTIVE FILM 258
VCF CONTRACEPTIVE GEL 258
VECAMYL 137
VECTIBIX 54
VECTICAL 143
VEGZELMA 54
VEKLURY 11
VELCADE 54
veletri 123
velivet triphasic regimen (28) 266
VELPHORO 301
VELSIPITY 220
VELTASSA 301
VELTIN 161
VEMLIDY 11
VENCLEXTA 54
VENCLEXTA STARTING PACK 54
venlafaxine 106
VENLAFAXINE BESYLATE 106
VENNGEL II 90
VENNGEL ONE 90
VENTAVIS 294
VENTOLIN HFA 294
venxxiva 183
VEOPOZ 183
VEOZAH 258
verapamil 123
VERDESO 177
VEREGEN 150
VERKAZIA 273
VERQUVO 137
VERSACLOZ 106
VERZENIO 54
VESICARE 296
VESICARE LS 296
vestura (28) 266
VEVEN 150
VEVYE 273
VFEND 5
VFEND IV 5
VIBATIV 30
VIBERZI 220
VICTOZA 2-PAK 206
VICTOZA 3-PAK 206
VIDAZA 54
vienva 266
vigabatrin 65
vigadrone 65
VIGAFYDE 65
VIGAMOX 268

vigpoder....65
VIIBRYD....106
VIJOICE....54, 55
vilazodone....106
VILTEPSO....73
VIMIZIM....201
VIMKUNYA....237
VIMOVO....91
VIMPAT....65
vinblastine....55
vincasar pfs....55
vincristine....55
vinorelbine....55
VIOKACE....220
viorele (28)....266
VIRACEPT....11
VIRASAL....145
VIREAD....11, 12
VISCO-3....91
VISTOGARD....30
VITAFOL FE PLUS....307
VITAFOL GUMMIES....307
VITAFOL ULTRA....307
VITAFOL-OB....307
VITAFOL-OB+DHA....307
VITAFOL-ONE....307
VITAMEDMD ONE RX....307
vitamin b complex-folic acid 307
vitamin d3....307, 308
vitamins a,c,d and fluoride....308
VITRAKVI....55
VIVELLE-DOT....256
VIVIMUSTA....55
VIVITROL....91
VIVJOA....5
VIVLODEX....91
VIVOTIF....237
VIZIMPRO....55
volnea (28)....266
VONJO....55
VOQUEZNA....223
VOQUEZNA DUAL PAK....223
VOQUEZNA TRIPLE PAK 223
VORANIGO....55
voriconazole....5
VOSEVI....12
VOTRIENT....55
VOWST....220
VOXZOGO....201
VOYDEYA....183
VPRIV....201
VRAYLAR....106
VTAMA....143
VUITY....270
VUMERITY....110
VUSION....169
VYALEV....67
VYEPTI....70
vyfemla (28)....266
VYJUVEK....150
VYKAT XR....183
VYLEESI....106
vylibra....266
VYLOY....55
VYNDAMAX....137
VYNDAQEL....137
VYONDYS-53....73
VYTONE....165
VYTORIN 10-10....135
VYTORIN 10-20....135
VYTORIN 10-40....135
VYTORIN 10-80....136
VYVANSE....106
VYVGART....77
VYVGART HYTRULO....76, 77
VYXEOS....55
VYZULTA....276
W
WAINUA....73
WAKIX....106
warfarin....131
water for irrigation, sterile....183
WAYZEN....145
WELCHOL....136
WELERIS....150
WELIREG....55
WELLBUTRIN SR....107
WELLBUTRIN XL....107
wera (28)....266
wesnatal dha complete....308
wesnate dha....308
westab plus....308
westgel dha....308
WEZLANA....143
WEZLANA I.V.....143
WHYTEDERM TDPAK....177
WHYTEDERM TRILASIL PAK....177
WIDE-SEAL DIAPHRAGM....252
WILATE....131
WINLEVI....161
WINREVAIR....295
wintergreen oil....150
wixela inhub....295
women's gentle laxative(bisac)....220
wymzya fe....266
WYNZORA....144
WYOST....30
X
XACDURO....22
XACIATO....258
XADAGO....67
XALATAN....276
XALIX....145
XALKORI....55
XANAX....107
XANAX XR....107
xarah fe....266
XARELTO....131
XARELTO DVT-PE TREAT 30D START....131
XATMEP....55
XCLAIR....150
XCOPRI....65
XCOPRI MAINTENANCE PACK....65
XCOPRI TITRATION PACK 65
XDEMVY....273
XELJANZ....250
XELJANZ XR....250
XELODA....55
XELPROS....276
xelria fe....266
XELSTRYM....107
XEMBIFY....237
XENAZINE....74
XENLETA....22
XENPOZYME....183
XEOMIN....237
XEPI....165
XERAVA....28
XERESE....169
XERMELO....55
XGEVA....30
XHANCE....295
XIFAXAN....22
XIGDUO XR....206
XIIDRA....273
XILAPAK....177
XIMINO....28
XIPERE (PF)....190

XIRUN 150
XOFLUZA 12
XOLAIR 295
XOLREMDI 226
XOPENEX HFA 295
XOSPATA 55
XPHOZAH 301
XPOVIO 56
XROMI 56
XRYLIX (DICLOFENAC-KINES TAPE) 91
XTAMPZA ER 82
XTANDI 56
xulane 258
XULTOPHY 100/3.6 198
XUREA 150
XURIDEN 183
XYNTHA 131
XYNTHA SOLOFUSE 131
XYREM 107
XYWAV 107
Y
YASMIN (28) 266
YAZ (28) 266
YCANTH 151
YERVOY 56
YESCARTA 56
YESINTEK 144
YF-VAX (PF) 237
YONDELIS 56
YONSA 56
YORVIPATH 201
YOSPRALA 131
YUFLYMA(CF) 250
YUFLYMA(CF) AI CROHN'S-UC-HS 250
YUFLYMA(CF) AUTOINJECTOR 250
YUPELRI 295
YUSIMRY(CF) PEN 251
YUTIQ 279
yuvafem 256
Z
zafemy 258
zafirlukast 295
zaleplon 107
ZALTRAP 56
ZALVIT 308
ZANAFLEX 77
zarah 266
ZARONTIN 65
ZARXIO 226
ZAVZPRET 70
ZCORT 190
ZEGALOGUE AUTOINJECTOR 191
ZEGALOGUE SYRINGE 191
ZEJULA 56
ZELAPAR 68
ZELBORAF 56
ZEMAIRA 184
ZEMBRACE SYMTOUCH 70
ZEMDRI 22
ZEMPLAR 201
zenatane 161
ZENPEP 220
zenzedi 107
ZENZEDI 107
ZEPATIER 12
ZEPOSIA 74
ZEPOSIA STARTER KIT (28-DAY) 74
ZEPOSIA STARTER PACK (7-DAY) 74
ZEPZELCA 56
ZERBAXA 14
ZERVIATE 274
ZESTORETIC 123
ZESTRIL 123
ZETIA 136
ZETONNA 295
ZEVALIN (Y-90) 56
ZEVTERA 15
ZIAGEN 12
ZIANA 161
ZICLOCIN 91
ZICLOPRO 91
zidovudine 12
ZIEXTENZO 226
ZIIHERA 56
ZILBRYSQ 77
zileuton 295
ZILOVAL 164
ZILXI 162
ZIMHI 91
zionodil 164
ZIOPTAN (PF) 276
ZIPHEX 308
ziprasidone hcl 107
ZIPSOR 91
ZIRABEV 56
ZIRGAN 268
ZITHRANOL 144
ZITHROMAX 16
ZITHROMAX TRI-PAK 16
ZITHROMAX Z-PAK 16
ZITUVIMET 206
ZITUVIMET XR 206
ZITUVIO 206
ZMA CLEAR 162
ZOCOR 136
ZOKINVY 184
ZOLADEX 56
zoledronic acid 201
zoledronic acid-mannitol-water 184, 201
ZOLEDRONIC AC-MANNITOL-0.9NACL 202
ZOLGENSMA 74
ZOLINZA 56
zolmitriptan 70
ZOLMITRIPTAN 70
ZOLOFT 107
zolpidem 107
ZOLPIDEM 107
ZOMACTON 227
ZOMIG 70
ZONALON 151
ZONEGRAN 65
ZONISADE 65
zonisamide 65
ZONTIVITY 131
ZORTRESS 57
ZORVOLEX 91
ZORYVE 144
ZOSYN IN DEXTROSE (ISO-OSM) 25
zovia 1-35 (28) 266
ZOVIRAX 169
ZTALMY 65
ZTLIDO 164
ZUBSOLV 91
zumandimine (28) 266
ZUNVEYL 74
ZURZUVAE 107
ZYCLARA 151
ZYDELIG 57
ZYFLO 295
ZYKADIA 57
ZYLET 277
ZYLOPRIM 237
ZYMFENTRA 221
ZYNLONTA 57

ZYNTEGLO.....226
ZYNYZ 57
ZYPITAMAG 136
ZYPREXA.....107
ZYTIGA 57
ZYVOX 22