

# FORMULARY

## LIST OF COVERED DRUGS



This formulary was updated on 7/1/2026. If you have question or need additional information, please contact VIVA HEALTH at 1-800-294 7780, Monday - Friday, 8 a.m. - 5 p.m.

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

## **Table of Contents**

|                                                              |            |
|--------------------------------------------------------------|------------|
| <b>ANTI - INFECTIVES .....</b>                               | <b>3</b>   |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS .....</b>    | <b>31</b>  |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH.....</b> | <b>61</b>  |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY.....</b>             | <b>115</b> |
| <b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS.....</b>        | <b>117</b> |
| <b>DERMATOLOGICALS/TOPICAL THERAPY .....</b>                 | <b>145</b> |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS .....</b>          | <b>186</b> |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS.....</b>               | <b>194</b> |
| <b>ENDOCRINE/DIABETES .....</b>                              | <b>197</b> |
| <b>GASTROENTEROLOGY .....</b>                                | <b>255</b> |
| <b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY .....</b>        | <b>271</b> |
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY.....</b>               | <b>285</b> |
| <b>OBSTETRICS &amp; GYNECOLOGY.....</b>                      | <b>299</b> |
| <b>OPHTHALMOLOGY .....</b>                                   | <b>316</b> |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD.....</b>           | <b>331</b> |
| <b>UROLOGICALS.....</b>                                      | <b>347</b> |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES .....</b>         | <b>351</b> |
| <b>Index .....</b>                                           | <b>361</b> |

## List of Abbreviations

**FE:** Formulary Exclusion. Requires exception for approval.

**NPB:** Non-Preferred Brand.

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

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

**PB:** Preferred Brand.

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

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

**ACA:** Affordable Care Act.

**F:** Fertility Drug. If your plan covers fertility drugs, this drug may be covered.

**I:** Impotency Drug. If your plan covers drugs to treat impotency, this drug may be covered.

**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.

**T:** Testosterone Drug. If your plan covers select testosterone drugs, this drug may be covered.

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<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| <b>ANTI - INFECTIVES</b>                                                               |           |                       |                                        |
| <b>ANTIFUNGAL AGENTS</b>                                                               |           |                       |                                        |
| AMBISOME INTRAVENOUS<br>SUSPENSION FOR<br>RECONSTITUTION 50 MG                         | NPB       |                       | amphotericin b liposome                |
| amphotericin b injection recon soln 50<br>mg                                           | PG        |                       |                                        |
| amphotericin b liposome intravenous<br>suspension for reconstitution 50 mg             | PG        |                       |                                        |
| ANCOBON ORAL CAPSULE 250 MG,<br>500 MG                                                 | NPB       | PA                    | flucytosine                            |
| caspofungin intravenous recon soln 50<br>mg, 70 mg                                     | PG        |                       |                                        |
| clotrimazole mucous membrane troche<br>10 mg                                           | PG        |                       |                                        |
| CRESEMBA INTRAVENOUS RECON<br>SOLN 372 MG                                              | PB        | PA                    |                                        |
| CRESEMBA ORAL CAPSULE 186<br>MG, 74.5 MG                                               | PB        | PA                    |                                        |
| DIFLUCAN ORAL SUSPENSION FOR<br>RECONSTITUTION 40 MG/ML                                | NPB       |                       | fluconazole                            |
| ERAXIS(WATER DILUENT)<br>INTRAVENOUS RECON SOLN 100<br>MG, 50 MG                       | PB        |                       |                                        |
| fluconazole in nacl (iso-osm)<br>intravenous piggyback 200 mg/100 ml,<br>400 mg/200 ml | PG        | PA                    |                                        |
| fluconazole oral suspension for<br>reconstitution 10 mg/ml, 40 mg/ml                   | PG        |                       |                                        |
| fluconazole oral tablet 100 mg, 200 mg,<br>50 mg                                       | PG        |                       |                                        |
| fluconazole oral tablet 150 mg                                                         | PG        | QL                    |                                        |
| flucytosine oral capsule 250 mg, 500 mg                                                | PG        | PA                    |                                        |
| griseofulvin microsize oral suspension<br>125 mg/5 ml                                  | PG        |                       |                                        |
| griseofulvin microsize 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.

| <b>Drug Name</b>                                                                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| griseofulvin ultramicrosize oral tablet<br>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<br>CHL INTRAVENOUS PIGGYBACK<br>100 MG/100 ML, 150 MG/150 ML, 50<br>MG/50 ML | NPB              |                              |                                                 |
| micafungin intravenous recon soln 100<br>mg, 50 mg                                                      | PG               |                              |                                                 |
| NOXAFIL INTRAVENOUS<br>SOLUTION 300 MG/16.7 ML                                                          | NPB              | PA                           | posaconazole                                    |
| NOXAFIL ORAL SUSP,DELAYED<br>RELEASE FOR RECON 300 MG                                                   | PB               | PA                           |                                                 |
| nystatin oral suspension 100,000 unit/ml                                                                | PG               |                              |                                                 |
| nystatin oral tablet 500,000 unit                                                                       | PG               |                              |                                                 |
| ORAVIG BUCCAL MUCO-<br>ADHESIVE BUCCAL TABLET 50 MG                                                     | NPB              |                              | nystatin, clotrimazole                          |
| posaconazole intravenous solution 300<br>mg/16.7 ml                                                     | PG               | PA                           |                                                 |
| posaconazole oral suspension 200 mg/5<br>ml (40 mg/ml)                                                  | PG               | PA                           |                                                 |
| posaconazole oral tablet, delayed release<br>(dr/ec) 100 mg                                             | PG               | PA                           |                                                 |
| REZZAYO INTRAVENOUS RECON<br>SOLN 200 MG                                                                | NPB              |                              |                                                 |
| SPORANOX ORAL CAPSULE 100<br>MG                                                                         | NPB              | QL                           | itraconazole                                    |
| terbinafine hcl oral tablet 250 mg                                                                      | PG               |                              |                                                 |
| TOLSURA ORAL CAPSULE, SOLID<br>DISPERSION 65 MG                                                         | FE               |                              | itraconazole                                    |
| VFEND IV INTRAVENOUS RECON<br>SOLN 200 MG                                                               | NPB              | PA                           | voriconazole                                    |
| VFEND ORAL SUSPENSION FOR<br>RECONSTITUTION 200 MG/5 ML (40<br>MG/ML)                                   | NPB              | PA                           | voriconazole                                    |

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

| Drug Name                                                                  | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| VIVJOA ORAL CAPSULE 150 MG                                                 | NPS       | PA; QL                | fluconazole                            |
| voriconazole intravenous recon soln 200 mg                                 | PG        | PA                    |                                        |
| VORICONAZOLE INTRAVENOUS SOLUTION 10 MG/ML                                 | NPB       | PA                    |                                        |
| voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)     | PG        | PA                    |                                        |
| voriconazole oral tablet 200 mg, 50 mg                                     | PG        | PA                    |                                        |
| voriconazole-hpbcd intravenous recon soln 200 mg                           | PG        | PA                    |                                        |
| <b>ANTIVIRALS</b>                                                          |           |                       |                                        |
| 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                   |                                        |
| APTIVUS ORAL CAPSULE 250 MG                                                | PB        |                       |                                        |
| atazanavir oral capsule 150 mg, 200 mg, 300 mg                             | PG        |                       |                                        |
| BARACLUDE ORAL SOLUTION 0.05 MG/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.

| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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               |                              | emtricitabine-rilpivirne-tenof                  |
| darunavir oral tablet 600 mg, 800 mg                                                                  | PG               |                              |                                                 |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                                                  | PB               |                              |                                                 |
| 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                                                                             | NPB              |                              | rilpivirine                                     |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG                                                         | PB               |                              |                                                 |
| 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               |                              |                                                 |
| emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg                            | PG               |                              |                                                 |
| emtricitabine-tenofov (tdf) oral tablet 200-300 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.

| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>            |
|-----------------------------------------------------------------------|------------------|------------------------------|------------------------------------------------------------|
| emtricitabine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg | PG               |                              |                                                            |
| EMTRIVA ORAL CAPSULE 200 MG                                           | NPB              |                              | emtricitabine                                              |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                        | PB               |                              |                                                            |
| ENFLONIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML                          | PB               | ACA                          |                                                            |
| 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              |                              |                                                            |
| 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.



| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| IDVYNZO ORAL TABLET 100-0.25 MG                      | FE               |                              |                                                 |
| 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               |                              |                                                 |

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

| <b>Drug Name</b>                                                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                         |
|-----------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------|
| nevirapine oral tablet 200 mg                                                                                         | PG               |                              |                                                                                                         |
| nevirapine oral tablet extended release<br>24 hr 100 mg, 400 mg                                                       | PG               |                              |                                                                                                         |
| NORVIR ORAL POWDER IN<br>PACKET 100 MG                                                                                | PB               |                              |                                                                                                         |
| NORVIR ORAL TABLET 100 MG                                                                                             | NPB              |                              | ritonavir                                                                                               |
| ODEFSEY ORAL TABLET 200-25-25<br>MG                                                                                   | PB               |                              |                                                                                                         |
| oseltamivir oral capsule 30 mg, 45 mg,<br>75 mg                                                                       | PG               | QL                           |                                                                                                         |
| oseltamivir oral suspension for<br>reconstitution 6 mg/ml                                                             | PG               | QL                           |                                                                                                         |
| PAXLOVID ORAL TABLETS,DOSE<br>PACK 150 MG (10)- 100 MG (10), 150<br>MG (6)- 100 MG (5), 300 MG (150 MG<br>X 2)-100 MG | PB               | QL                           |                                                                                                         |
| PIFELTRO ORAL TABLET 100 MG                                                                                           | PB               |                              |                                                                                                         |
| PREVYMIS INTRAVENOUS<br>SOLUTION 240 MG/12 ML, 480<br>MG/24 ML                                                        | PB               |                              |                                                                                                         |
| PREVYMIS ORAL PELLETS IN<br>PACKET 120 MG, 20 MG                                                                      | PB               | QL                           |                                                                                                         |
| PREVYMIS ORAL TABLET 240 MG,<br>480 MG                                                                                | PB               | QL                           |                                                                                                         |
| PREZCOBIX ORAL TABLET 675-150<br>MG, 800-150 MG-MG                                                                    | FE               |                              | atazanavir sulfate, darunavir,<br>fosamprenavir calcium,<br>lopinavir-ritonavir, ritonavir,<br>PREZISTA |
| PREZISTA ORAL SUSPENSION 100<br>MG/ML                                                                                 | PB               |                              |                                                                                                         |
| PREZISTA ORAL TABLET 150 MG,<br>75 MG                                                                                 | PB               |                              |                                                                                                         |
| PREZISTA ORAL TABLET 600 MG,<br>800 MG                                                                                | NPB              |                              | darunavir                                                                                               |
| RAPIVAB (PF) INTRAVENOUS<br>SOLUTION 200 MG/20 ML (10<br>MG/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.

| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| RELENZA DISKHALER<br>INHALATION BLISTER WITH<br>DEVICE 5 MG/ACTUATION | NPB              | QL                           | oseltamivir phosphate                           |
| RETROVIR INTRAVENOUS<br>SOLUTION 10 MG/ML                             | PB               |                              |                                                 |
| RETROVIR ORAL CAPSULE 100 MG                                          | NPB              |                              | zidovudine                                      |
| RETROVIR ORAL SYRUP 10 MG/ML                                          | NPB              |                              | zidovudine                                      |
| REYATAZ ORAL CAPSULE 200 MG,<br>300 MG                                | NPB              |                              | atazanavir sulfate                              |
| REYATAZ ORAL POWDER IN<br>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                       |                                                 |
| rilpivirine hcl oral tablet 25 mg                                     | PG               |                              |                                                 |
| rimantadine oral tablet 100 mg                                        | PG               |                              |                                                 |
| ritonavir oral tablet 100 mg                                          | PG               |                              |                                                 |
| RUKOBIA ORAL TABLET<br>EXTENDED RELEASE 12 HR 600 MG                  | FE               |                              |                                                 |
| SELZENTRY ORAL SOLUTION 20<br>MG/ML                                   | PB               |                              |                                                 |
| SELZENTRY ORAL TABLET 150<br>MG, 300 MG                               | NPB              |                              | maraviroc                                       |
| SOFOSBUVIR-VELPATASVIR ORAL<br>TABLET 400-100 MG                      | FE               |                              | EPCLUSA                                         |
| SOVALDI ORAL PELLETS IN<br>PACKET 150 MG, 200 MG                      | FE               |                              | EPCLUSA, VOSEVI                                 |
| SOVALDI ORAL TABLET 200 MG,<br>400 MG                                 | FE               |                              | EPCLUSA, VOSEVI                                 |
| STRIBILD ORAL TABLET 150-150-<br>200-300 MG                           | FE               |                              | BIKTARVY, GENVOYA                               |
| SUNLENCA ORAL TABLET 300 MG                                           | NPS              | PA                           |                                                 |
| SUNLENCA SUBCUTANEOUS<br>SOLUTION 309 MG/ML                           | NPS              | PA                           |                                                 |
| SYMFI ORAL TABLET 600-300-300<br>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.

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| SYMTUZA ORAL TABLET 800-150-200-10 MG                              | PB               |                              |                                                 |
| TAMIFLU ORAL CAPSULE 75 MG                                         | NPB              | QL                           | oseltamivir phosphate                           |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML                 | NPB              | QL                           | oseltamivir phosphate                           |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                   | NPB              |                              |                                                 |
| TEMBEXA ORAL TABLET 100 MG                                         | NPB              |                              |                                                 |
| tenofovir disoproxil fumarate oral tablet 300 mg                   | PG               |                              |                                                 |
| TIVICAY ORAL TABLET 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                   |
| valacyclovir oral tablet 1 gram, 500 mg                            | PG               | QL                           |                                                 |
| VALCYTE ORAL RECON SOLN 50 MG/ML                                   | 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               |                              |                                                 |

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

| Drug Name                                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|-----------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                         | PB        |                       |                                        |
| VIREAD ORAL TABLET 300 MG                                                         | NPB       |                       | tenofovir disoproxil fumarate          |
| VOSEVI ORAL TABLET 400-100-100 MG                                                 | PS        | PA; QL; LA            |                                        |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                                  | NPB       | QL                    | oseltamivir phosphate                  |
| YEZTUGO ORAL TABLET 300 MG                                                        | PS        | ACA                   |                                        |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML                                           | PS        | ACA                   |                                        |
| 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        |                       |                                        |
| <b>CEPHALOSPORINS</b>                                                             |           |                       |                                        |
| 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 SOLUTION 2 GRAM/100 ML                 | NPB       | ST                    |                                        |
| cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 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.

| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| CEFAZOLIN IN DEXTROSE (ISO-OS)<br>INTRAVENOUS PIGGYBACK 2<br>GRAM/100 ML, 3 GRAM/150 ML, 3<br>GRAM/50 ML | NPB              | ST                           |                                                 |
| cefazolin in dextrose 5 % intravenous<br>solution 2 gram/100 ml                                          | PG               | ST                           |                                                 |
| cefazolin in sterile water intravenous<br>syringe 1 gram/10 ml, 2 gram/20 ml                             | PG               | ST                           |                                                 |
| CEFAZOLIN IN STERILE WATER<br>INTRAVENOUS SYRINGE 2<br>GRAM/10 ML                                        | NPB              | ST                           |                                                 |
| cefazolin injection recon soln 1 gram,<br>100 gram, 20 gram, 3 gram, 300 gram,<br>500 mg                 | PG               | ST                           |                                                 |
| CEFAZOLIN INJECTION RECON<br>SOLN 2 GRAM                                                                 | NPB              | ST                           |                                                 |
| cefazolin intravenous recon soln 1 gram,<br>10 gram                                                      | PG               | ST                           |                                                 |
| CEFAZOLIN INTRAVENOUS<br>RECON SOLN 2 GRAM, 3 GRAM                                                       | NPB              | ST                           |                                                 |
| cefdinir oral capsule 300 mg                                                                             | PG               |                              |                                                 |
| cefdinir oral suspension for<br>reconstitution 125 mg/5 ml, 250 mg/5 ml                                  | PG               |                              |                                                 |
| CEFEPIME IN DEXTROSE 5 %<br>INTRAVENOUS PIGGYBACK 1<br>GRAM/50 ML, 2 GRAM/50 ML                          | NPB              | ST                           |                                                 |
| cefepime in dextrose,iso-osm<br>intravenous piggyback 1 gram/50 ml, 2<br>gram/100 ml                     | PG               | ST                           |                                                 |
| cefepime injection recon soln 1 gram, 2<br>gram                                                          | PG               | ST                           |                                                 |
| CEFEPIME INTRAVENOUS RECON<br>SOLN 100 GRAM                                                              | NPB              | ST                           |                                                 |
| cefixime oral capsule 400 mg                                                                             | PG               |                              |                                                 |
| cefixime oral suspension for<br>reconstitution 100 mg/5 ml, 200 mg/5 ml                                  | PG               |                              |                                                 |
| cefixime 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.

| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| CEFOTAN INJECTION RECON SOLN<br>1 GRAM, 2 GRAM                                        | NPB              | ST                           |                                                 |
| cefotaxime injection recon soln 1 gram,<br>2 gram                                     | PG               | ST                           |                                                 |
| cefotetan injection recon soln 1 gram, 2<br>gram                                      | PG               | ST                           |                                                 |
| cefoxitin in dextrose, iso-osm<br>intravenous piggyback 1 gram/50 ml, 2<br>gram/50 ml | PG               | ST                           |                                                 |
| cefoxitin intravenous recon soln 1 gram,<br>10 gram, 2 gram                           | PG               | ST                           |                                                 |
| cefpodoxime oral suspension for<br>reconstitution 100 mg/5 ml, 50 mg/5 ml             | PG               |                              |                                                 |
| cefpodoxime oral tablet 100 mg, 200 mg                                                | PG               |                              |                                                 |
| cefprozil oral suspension for<br>reconstitution 125 mg/5 ml, 250 mg/5 ml              | PG               |                              |                                                 |
| cefprozil oral tablet 250 mg, 500 mg                                                  | PG               |                              |                                                 |
| ceftaroline fosamil intravenous recon<br>soln 400 mg, 600 mg                          | PG               | ST                           |                                                 |
| ceftazidime injection recon soln 1 gram,<br>2 gram, 6 gram                            | PG               | ST                           |                                                 |
| ceftriaxone in dextrose,iso-os<br>intravenous piggyback 1 gram/50 ml, 2<br>gram/50 ml | PG               | ST                           |                                                 |
| ceftriaxone injection recon soln 1 gram,<br>10 gram, 2 gram, 250 mg, 500 mg           | PG               | ST                           |                                                 |
| CEFTRIAZONE INJECTION RECON<br>SOLN 100 GRAM                                          | NPB              | ST                           |                                                 |
| ceftriaxone intravenous recon soln 1<br>gram, 2 gram                                  | PG               | ST                           |                                                 |
| cefuroxime axetil oral tablet 250 mg,<br>500 mg                                       | PG               |                              |                                                 |
| cefuroxime sodium injection recon soln<br>750 mg                                      | PG               | ST                           |                                                 |
| cefuroxime sodium intravenous recon<br>soln 1.5 gram, 7.5 gram                        | PG               | ST                           |                                                 |
| cephalexin oral capsule 250 mg, 500 mg,<br>750 mg                                     | PG               |                              |                                                 |

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

| Drug Name                                                                  | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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                    |                                        |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                              | NPB       | ST                    | ceftaroline fosamil                    |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM                                    | PB        | ST                    |                                        |
| ZEVTERA INTRAVENOUS RECON SOLN 667 MG                                      | NPB       | ST                    |                                        |
| <b>ERYTHROMYCINS &amp; OTHER<br/>MACROLIDES</b>                            |           |                       |                                        |
| 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                    | fidaxomicin                            |
| 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            |

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



| Drug Name                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| ERYPED 400 ORAL SUSPENSION<br>FOR RECONSTITUTION 400 MG/5<br>ML                               | NPB       |                       | erythromycin ethylsuccinate            |
| ery-tab oral tablet,delayed release (dr/ec)<br>250 mg, 333 mg                                 | PG        |                       |                                        |
| ERY-TAB ORAL TABLET,DELAYED<br>RELEASE (DR/EC) 500 MG                                         | NPB       |                       |                                        |
| erythrocin (as stearate) oral tablet 250<br>mg                                                | PG        |                       |                                        |
| ERYTHROCIN INTRAVENOUS<br>RECON SOLN 500 MG                                                   | NPB       | ST                    | erythromycin lactobionate              |
| erythromycin ethylsuccinate oral<br>suspension for reconstitution 200 mg/5<br>ml, 400 mg/5 ml | PG        |                       |                                        |
| erythromycin ethylsuccinate oral tablet<br>400 mg                                             | PG        |                       |                                        |
| erythromycin lactobionate intravenous<br>recon soln 500 mg                                    | PG        | ST                    |                                        |
| erythromycin oral capsule,delayed<br>release(dr/ec) 250 mg                                    | PG        |                       |                                        |
| erythromycin oral tablet 250 mg, 500 mg                                                       | PG        |                       |                                        |
| erythromycin oral tablet,delayed release<br>(dr/ec) 250 mg, 333 mg, 500 mg                    | PG        |                       |                                        |
| fidaxomicin oral tablet 200 mg                                                                | PG        | QL                    |                                        |
| ZITHROMAX INTRAVENOUS<br>RECON SOLN 500 MG                                                    | NPB       | ST                    | azithromycin                           |
| ZITHROMAX ORAL SUSPENSION<br>FOR RECONSTITUTION 200 MG/5<br>ML                                | NPB       |                       | azithromycin                           |
| ZITHROMAX ORAL TABLET 250<br>MG, 500 MG                                                       | NPB       |                       | azithromycin                           |
| ZITHROMAX TRI-PAK ORAL<br>TABLET 500 MG                                                       | NPB       |                       | azithromycin                           |
| ZITHROMAX Z-PAK ORAL TABLET<br>250 MG                                                         | NPB       |                       | azithromycin                           |
| <b>MISCELLANEOUS<br/>ANTIINFECTIVES</b>                                                       |           |                       |                                        |
| albendazole oral tablet 200 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.

| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                          |
|---------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------------------------------------------|
| 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 |
| 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                           |                                                                                                          |
| 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                                                                                       |
| 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              |                              |                                                                                                          |

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

| Drug Name                                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg                                                             | PG        |                       |                                        |
| CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML                  | NPB       | ST                    |                                        |
| clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml                     | PG        | ST                    |                                        |
| clindamycin pediatric oral recon soln 75 mg/5 ml                                                               | PG        |                       |                                        |
| clindamycin phosphate injection solution 150 mg/ml                                                             | PG        | ST                    |                                        |
| COARTEM ORAL TABLET 20-120 MG                                                                                  | PB        | QL                    |                                        |
| colistin (colistimethate na) injection recon soln 150 mg                                                       | PG        | ST                    |                                        |
| COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG                                                            | NPB       | ST                    | colistimethate sodium                  |
| cycloserine oral capsule 250 mg                                                                                | PG        |                       |                                        |
| dalbavancin intravenous solution 500 mg                                                                        | PG        | ST                    |                                        |
| DALVANCE INTRAVENOUS SOLUTION 500 MG                                                                           | NPB       | ST                    | dalbavancin hcl                        |
| 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                          |
| EMBLAVEO INTRAVENOUS RECON SOLN 2 GRAM                                                                         | NPB       | ST                    |                                        |
| EMVERM ORAL TABLET,CHEWABLE 100 MG                                                                             | PB        | QL                    |                                        |
| ertapenem injection recon soln 1 gram                                                                          | PG        | ST                    |                                        |

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

| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                           |                                                 |
| 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                           |                                                 |

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

| Drug Name                                                                       | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|---------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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    | NPB       | ST                    |                                        |
| MALARONE ORAL TABLET 250-100 MG                                                 | NPB       | QL                    | atovaquone-proguanil hcl               |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG                                       | NPB       | QL                    | atovaquone-proguanil hcl               |
| mefloquine oral tablet 250 mg                                                   | PG        | QL                    |                                        |
| MEPRON ORAL SUSPENSION 750 MG/5 ML                                              | NPB       |                       | atovaquone                             |
| meropenem intravenous recon soln 1 gram, 2 gram, 500 mg                         | PG        | 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                    |                                        |

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

| Drug Name                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                   |
|-------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| ORLYNVAH ORAL TABLET 500-500 MG                       | FE        |                       | amoxicillin-clavulanate potass, cefadroxil, ciprofloxacin hcl, levofloxacin, nitrofurantoin, sulfamethoxazole-trimethoprim, trimethoprim |
| 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        |                       |                                                                                                                                          |
| 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        |                       |                                                                                                                                          |
| 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                                                                                                                                |

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

| Drug Name                                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| SOLOSEC ORAL GRANULES DEL<br>RELEASE IN PACKET 2 GRAM                            | PB        | QL                    |                                        |
| SOVUNA ORAL TABLET 200 MG,<br>300 MG                                             | FE        |                       | hydroxychloroquine sulfate             |
| STREPTOMYCIN INTRAMUSCULAR<br>RECON SOLN 1 GRAM                                  | PB        | ST                    |                                        |
| STROMEKTOL 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<br>NEBULIZATION 300 MG/5 ML                         | FE        |                       | tobramycin sulfate                     |
| TOBI PODHALER INHALATION<br>CAPSULE, W/INHALATION DEVICE<br>28 MG                | PS        | PA; QL; LA            |                                        |
| tobramycin in 0.225 % nacl inhalation<br>solution for nebulization 300 mg/5 ml   | PS        | PA; QL; LA            |                                        |
| tobramycin inhalation solution for<br>nebulization 300 mg/4 ml                   | PS        | PA; QL; LA            |                                        |
| tobramycin sulfate injection recon soln<br>1.2 gram                              | PG        | ST                    |                                        |
| tobramycin sulfate injection solution 10<br>mg/ml, 40 mg/ml                      | PG        | ST                    |                                        |
| TOBRAMYCIN WITH NEBULIZER<br>INHALATION SOLUTION FOR<br>NEBULIZATION 300 MG/5 ML | NPS       | PA; QL; LA            | tobramycin sulfate, TOBI<br>PODHALER   |
| TYGACIL INTRAVENOUS RECON<br>SOLN 50 MG                                          | NPB       | ST                    | tigecycline                            |
| VABOMERE INTRAVENOUS<br>RECON SOLN 2 GRAM                                        | NPB       | ST                    |                                        |
| XACDURO INTRAVENOUS RECON<br>SOLN 1 GRAM-1 GRAM (0.5 GRAM<br>X 2)                | NPB       | ST                    |                                        |
| XENLETA INTRAVENOUS<br>SOLUTION 150 MG/15 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<br>PREFERRED<br>ALTERNATIVES                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| XENLETA ORAL TABLET 600 MG                                                                                                                   | NPB       |                       | azithromycin, clarithromycin,<br>doxycycline hyclate,<br>moxifloxacin hcl,<br>levofloxacin, amoxicillin-<br>clavulanate potass, cefdinir |
| XIFAXAN ORAL TABLET 200 MG,<br>550 MG                                                                                                        | PB        | QL                    |                                                                                                                                          |
| ZEMDRI INTRAVENOUS SOLUTION<br>50 MG/ML                                                                                                      | NPB       | ST                    |                                                                                                                                          |
| ZYVOX INTRAVENOUS<br>PIGGYBACK 600 MG/300 ML                                                                                                 | NPB       | ST                    |                                                                                                                                          |
| ZYVOX ORAL SUSPENSION FOR<br>RECONSTITUTION 100 MG/5 ML                                                                                      | NPB       |                       | linezolid                                                                                                                                |
| <b>PENICILLINS</b>                                                                                                                           |           |                       |                                                                                                                                          |
| amoxicillin oral capsule 250 mg, 500 mg                                                                                                      | PG        |                       |                                                                                                                                          |
| amoxicillin oral suspension for<br>reconstitution 125 mg/5 ml, 200 mg/5<br>ml, 250 mg/5 ml, 400 mg/5 ml                                      | PG        |                       |                                                                                                                                          |
| amoxicillin oral tablet 500 mg, 875 mg                                                                                                       | PG        |                       |                                                                                                                                          |
| amoxicillin oral tablet,chewable 125 mg,<br>250 mg                                                                                           | PG        |                       |                                                                                                                                          |
| amoxicillin-pot clavulanate oral<br>suspension for reconstitution 200-28.5<br>mg/5 ml, 250-62.5 mg/5 ml, 400-57<br>mg/5 ml, 600-42.9 mg/5 ml | PG        |                       |                                                                                                                                          |
| amoxicillin-pot clavulanate oral tablet<br>250-125 mg, 500-125 mg, 875-125 mg                                                                | PG        |                       |                                                                                                                                          |
| amoxicillin-pot clavulanate oral tablet<br>extended release 12 hr 1,000-62.5 mg                                                              | PG        |                       |                                                                                                                                          |
| amoxicillin-pot clavulanate oral<br>tablet,chewable 200-28.5 mg, 400-57 mg                                                                   | PG        |                       |                                                                                                                                          |
| ampicillin oral capsule 500 mg                                                                                                               | PG        |                       |                                                                                                                                          |
| ampicillin sodium injection recon soln 1<br>gram, 10 gram, 2 gram, 250 mg, 500 mg                                                            | PG        | ST                    |                                                                                                                                          |
| ampicillin sodium intravenous recon<br>soln 1 gram, 2 gram                                                                                   | PG        | ST                    |                                                                                                                                          |
| ampicillin-sulbactam injection recon<br>soln 1.5 gram, 15 gram, 3 gram                                                                       | PG        | ST                    |                                                                                                                                          |

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



| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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               |                              |                                                 |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) | PB               | ST                           |                                                 |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML        | PB               | ST                           |                                                 |
| dicloxacillin oral capsule 250 mg, 500 mg                                                           | 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                           |                                                 |

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| PENICILLIN G POT IN DEXTROSE<br>INTRAVENOUS PIGGYBACK 2<br>MILLION UNIT/50 ML, 3 MILLION<br>UNIT/50 ML        | PB        | ST                    |                                                                                                                                                          |
| penicillin g potassium injection recon<br>soln 20 million unit, 5 million unit                                | PG        | ST                    |                                                                                                                                                          |
| penicillin g sodium injection recon soln<br>5 million unit                                                    | PG        | ST                    |                                                                                                                                                          |
| penicillin v potassium oral recon soln<br>125 mg/5 ml, 250 mg/5 ml                                            | PG        |                       |                                                                                                                                                          |
| penicillin v potassium oral tablet 250<br>mg, 500 mg                                                          | PG        |                       |                                                                                                                                                          |
| pfizerpen-g injection recon soln 20<br>million unit, 5 million unit                                           | PG        | ST                    |                                                                                                                                                          |
| PIPERACILLIN-TAZOBACTAM<br>INTRAVENOUS PIGGYBACK 2.25<br>GRAM/50 ML, 3.375 GRAM/50 ML,<br>4.5 GRAM/100 ML     | NPB       | ST                    |                                                                                                                                                          |
| piperacillin-tazobactam intravenous<br>recon soln 13.5 gram, 2.25 gram, 3.375<br>gram, 4.5 gram, 40.5 gram    | PG        | ST                    |                                                                                                                                                          |
| PIVYA ORAL TABLET 185 MG                                                                                      | FE        |                       | amoxicillin-clavulanate<br>potass, cefadroxil,<br>ciprofloxacin hcl,<br>levofloxacin, nitrofurantoin,<br>sulfamethoxazole-<br>trimethoprim, trimethoprim |
| UNASYN INJECTION RECON SOLN<br>1.5 GRAM, 15 GRAM, 3 GRAM                                                      | NPB       | ST                    | ampicillin-sulbactam                                                                                                                                     |
| ZOSYN IN DEXTROSE (ISO-OSM)<br>INTRAVENOUS PIGGYBACK 2.25<br>GRAM/50 ML, 3.375 GRAM/50 ML,<br>4.5 GRAM/100 ML | PB        | ST                    |                                                                                                                                                          |
| <b>QUINOLONES</b>                                                                                             |           |                       |                                                                                                                                                          |
| BAXDELA INTRAVENOUS RECON<br>SOLN 300 MG                                                                      | PB        | ST                    |                                                                                                                                                          |
| BAXDELA ORAL TABLET 450 MG                                                                                    | PB        | QL                    |                                                                                                                                                          |

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

| Drug Name                                                                                  | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| CIPRO ORAL<br>SUSPENSION,MICROCAPSULE<br>RECON 250 MG/5 ML, 500 MG/5 ML                    | NPB       |                       | ciprofloxacin                          |
| CIPRO ORAL TABLET 250 MG, 500<br>MG                                                        | NPB       |                       | ciprofloxacin hcl                      |
| ciprofloxacin hcl oral tablet 250 mg, 500<br>mg, 750 mg                                    | PG        |                       |                                        |
| ciprofloxacin in 5 % dextrose<br>intravenous piggyback 200 mg/100 ml,<br>400 mg/200 ml     | PG        | ST                    |                                        |
| ciprofloxacin oral<br>suspension,microcapsule recon 250 mg/5<br>ml, 500 mg/5 ml            | PG        |                       |                                        |
| levofloxacin in d5w intravenous<br>piggyback 250 mg/50 ml, 500 mg/100<br>ml, 750 mg/150 ml | PG        | ST                    |                                        |
| levofloxacin oral solution 250 mg/10 ml                                                    | PG        |                       |                                        |
| levofloxacin oral tablet 250 mg, 500 mg,<br>750 mg                                         | PG        |                       |                                        |
| moxifloxacin oral tablet 400 mg                                                            | PG        |                       |                                        |
| MOXIFLOXACIN-SOD.ACE,SUL-<br>WATER INTRAVENOUS<br>PIGGYBACK 400 MG/250 ML                  | PB        | ST                    |                                        |
| moxifloxacin-sod.chloride(iso)<br>intravenous piggyback 400 mg/250 ml                      | PG        | ST                    |                                        |
| ofloxacin oral tablet 300 mg, 400 mg                                                       | PG        |                       |                                        |
| <b>SULFA'S &amp; RELATED AGENTS</b>                                                        |           |                       |                                        |
| BACTRIM DS ORAL TABLET 800-<br>160 MG                                                      | NPB       |                       | sulfamethoxazole-<br>trimethoprim      |
| BACTRIM ORAL TABLET 400-80<br>MG                                                           | NPB       |                       | sulfamethoxazole-<br>trimethoprim      |
| sulfadiazine oral tablet 500 mg                                                            | PG        |                       |                                        |
| sulfamethoxazole-trimethoprim<br>intravenous solution 400-80 mg/5 ml                       | PG        | ST                    |                                        |
| sulfamethoxazole-trimethoprim oral<br>suspension 200-40 mg/5 ml                            | PG        |                       |                                        |
| sulfamethoxazole-trimethoprim oral<br>tablet 400-80 mg, 800-160 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<br>PREFERRED<br>ALTERNATIVES       |
|--------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------|
| sulfatrim oral suspension 200-40 mg/5 ml                                       | PG        |                       |                                              |
| <b>TETRACYCLINES</b>                                                           |           |                       |                                              |
| 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                    |                                              |
| 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                             | PG        |                       |                                              |
| doxycycline monohydrate oral capsule 150 mg, 75 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<br>PREFERRED<br>ALTERNATIVES                   |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------|
| 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        | ST                    |                                                          |
| minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg | PG        | ST                    |                                                          |
| mondoxyne nl oral capsule 100 mg                                                                         | PG        |                       |                                                          |
| mondoxyne nl oral capsule 75 mg                                                                          | PG        | ST                    |                                                          |
| 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                    |                                                          |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                   |
|----------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| XERAVA INTRAVENOUS RECON<br>SOLN 100 MG, 50 MG                       | NPB       | ST                    |                                                                                                                                                          |
| XIMINO ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 135 MG, 45 MG, 90 MG | FE        |                       | minocycline hcl er                                                                                                                                       |
| <b>URINARY TRACT AGENTS</b>                                          |           |                       |                                                                                                                                                          |
| BLUJEPAL ORAL TABLET 750 MG                                          | FE        |                       | amoxicillin-clavulanate<br>potass, cefadroxil,<br>ciprofloxacin hcl,<br>levofloxacin, nitrofurantoin,<br>sulfamethoxazole-<br>trimethoprim, trimethoprim |
| CONTEPO INTRAVENOUS RECON<br>SOLN 6 GRAM                             | NPB       |                       |                                                                                                                                                          |
| fosfomycin tromethamine oral packet 3<br>gram                        | FE        |                       | nitrofurantoin, nitrofurantoin<br>mono-macro,<br>sulfamethoxazole-<br>trimethoprim, trimethoprim                                                         |
| FURADANTIN ORAL SUSPENSION<br>25 MG/5 ML                             | NPB       |                       | nitrofurantoin                                                                                                                                           |
| MACROBID ORAL CAPSULE 100<br>MG                                      | NPB       |                       | nitrofurantoin mono-macro                                                                                                                                |
| methenamine hippurate oral tablet 1<br>gram                          | PG        |                       |                                                                                                                                                          |
| methenamine mandelate oral tablet 0.5<br>gram, 1 gram                | PG        |                       |                                                                                                                                                          |
| nitrofurantoin macrocrystal oral capsule<br>100 mg, 25 mg, 50 mg     | PG        |                       |                                                                                                                                                          |
| nitrofurantoin monohyd/m-cryst oral<br>capsule 100 mg                | PG        |                       |                                                                                                                                                          |
| nitrofurantoin oral suspension 25 mg/5<br>ml                         | PG        |                       |                                                                                                                                                          |
| NITROFURANTOIN ORAL<br>SUSPENSION 50 MG/5 ML                         | FE        |                       | nitrofurantoin                                                                                                                                           |
| PRIMSOL ORAL SOLUTION 50 MG/5<br>ML                                  | NPB       |                       | trimethoprim                                                                                                                                             |
| trimethoprim oral tablet 100 mg                                      | PG        |                       |                                                                                                                                                          |
| <b>VANCOMYCIN</b>                                                    |           |                       |                                                                                                                                                          |

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

| <b>Drug Name</b>                                                                                                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML                                                                                                             | FE               |                              | vancomycin hcl                                  |
| TYZAVAN 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                           |                                                 |
| 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<br>PREFERRED<br>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                    |                                        |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>                                                                                                                 |           |                       |                                        |
| <b>ADJUNCTIVE AGENTS</b>                                                                                                                                            |           |                       |                                        |
| AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                                                                                                              | FE        |                       | BILPREVDA, XTRENBO                     |
| BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                                                                                                            | PS        |                       |                                        |
| BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                                                                                                             | FE        |                       | BILPREVDA, XTRENBO                     |
| BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)                                                                                                              | FE        |                       | BILPREVDA, XTRENBO                     |
| 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                                                                                                                                           | NPB       |                       | mesna                                  |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                                                                                                             | FE        |                       | BILPREVDA, XTRENBO                     |
| VISTOGARD ORAL GRANULES IN PACKET 10 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<br>PREFERRED<br>ALTERNATIVES    |
|--------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------|
| WYOST SUBCUTANEOUS<br>SOLUTION 120 MG/1.7 ML (70<br>MG/ML)         | FE        |                       | BILPREVDA, XTRENBO                        |
| XGEVA SUBCUTANEOUS<br>SOLUTION 120 MG/1.7 ML (70<br>MG/ML)         | FE        |                       | BILPREVDA, XTRENBO                        |
| XTRENBO SUBCUTANEOUS<br>SOLUTION 120 MG/1.7 ML (70<br>MG/ML)       | PS        |                       |                                           |
| <b>ANTINEOPLASTIC &amp;<br/>IMMUNOSUPPRESSANT<br/>DRUGS</b>        |           |                       |                                           |
| ABECMA INTRAVENOUS<br>SUSPENSION 300X10EXP6 TO<br>510X10EXP6 CELL  | NPS       | PA                    |                                           |
| abiraterone oral tablet 250 mg, 500 mg                             | PS        | PA; LA                |                                           |
| abirtega oral tablet 250 mg                                        | PS        | PA; LA                |                                           |
| ABRAXANE INTRAVENOUS<br>SUSPENSION FOR<br>RECONSTITUTION 100 MG    | NPS       | LA                    | paclitaxel protein-bound                  |
| ADAKVEO INTRAVENOUS<br>SOLUTION 10 MG/ML                           | PS        |                       |                                           |
| ADCETRIS INTRAVENOUS RECON<br>SOLN 50 MG                           | PS        | PA; LA                |                                           |
| ADRIAMYCIN INTRAVENOUS<br>RECON SOLN 50 MG                         | NPB       |                       |                                           |
| adrucil intravenous solution 2.5 gram/50<br>ml                     | PG        |                       |                                           |
| ADSTILADRIN INTRAVESICAL<br>SUSPENSION 3X10EXP11 VP/ML             | NPS       | PA                    | gemcitabine hcl, mitomycin,<br>valrubicin |
| AFINITOR DISPERZ ORAL TABLET<br>FOR SUSPENSION 2 MG, 3 MG, 5<br>MG | FE        |                       | everolimus                                |
| AFINITOR ORAL TABLET 10 MG,<br>2.5 MG, 5 MG, 7.5 MG                | FE        |                       | everolimus                                |
| AKEEGA ORAL TABLET 100-500<br>MG, 50-500 MG                        | FE        |                       | abiraterone acetate,<br>LYNPARZA          |
| ALECENSA ORAL CAPSULE 150 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<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| ALKERAN (AS HCL)<br>INTRAVENOUS RECON SOLN 50<br>MG                                        | NPB       |                       | melphalan hcl                          |
| ALKERAN ORAL TABLET 2 MG                                                                   | NPB       |                       | melphalan hcl                          |
| ALUNBRIG ORAL TABLET 180 MG,<br>30 MG, 90 MG                                               | PS        | PA                    |                                        |
| ALUNBRIG ORAL TABLETS,DOSE<br>PACK 90 MG (7)- 180 MG (23)                                  | PS        | PA                    |                                        |
| ALYMSYS INTRAVENOUS<br>SOLUTION 25 MG/ML                                                   | FE        |                       | ZIRABEV                                |
| AMTAGVI INTRAVENOUS<br>SUSPENSION 7.5 X 10EXP9 TO 72X<br>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<br>SOLUTION 5 MG/ML                                                    | NPS       | LA                    | nelarabine                             |
| arsenic trioxide intravenous solution 1<br>mg/ml, 2 mg/ml                                  | PG        | PA                    |                                        |
| ASPARLAS INTRAVENOUS<br>SOLUTION 750 UNIT/ML                                               | NPS       | PA                    | ONCASPAR                               |
| ASTAGRAF XL ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 0.5 MG, 1 MG, 5 MG                    | NPB       | ST                    | tacrolimus                             |
| AUCATZYL INTRAVENOUS<br>SUSPENSION                                                         | NPS       | PA                    |                                        |
| AUGTYRO ORAL CAPSULE 160 MG,<br>40 MG                                                      | PS        | PA                    |                                        |
| AVASTIN INTRAVENOUS<br>SOLUTION 25 MG/ML                                                   | FE        |                       | ZIRABEV                                |
| AVGEMSI INTRAVENOUS<br>SOLUTION 1 GRAM/26.3 ML (38<br>MG/ML), 2 GRAM/52.6 ML (38<br>MG/ML) | FE        |                       | gemcitabine hcl                        |
| AVMAPKI-FAKZYNJA ORAL<br>COMBO PACK 0.8-200 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.

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                           |                                                 |
| BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)                | FE               |                              | docetaxel                                       |
| BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML               | FE               |                              | docetaxel                                       |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG                      | NPS              | PA                           | pralatrexate, ISTODAX                           |
| BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML                      | NPS              | PA; LA                       | bendamustine hcl, BENDEKA                       |
| bendamustine intravenous recon soln 100 mg, 25 mg           | PS               | PA; LA                       |                                                 |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML                  | NPS              | PA                           | bendamustine hcl, BENDEKA                       |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML                       | PS               | PA; LA                       |                                                 |
| BESPOUSA 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               |                              |                                                 |

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

| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                        |
|-------------------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------------------------|
| BICNU INTRAVENOUS RECON<br>SOLN 100 MG                                  | NPB              | PA                           | carmustine                                                                             |
| BIZENGRI INTRAVENOUS<br>SOLUTION 375 MG/18.75 ML (20<br>MG/ML)          | PS               | PA                           |                                                                                        |
| BLENREP INTRAVENOUS RECON<br>SOLN 70 MG                                 | FE               |                              | bortezomib, lenalidomide,<br>pomalidomide, DARZALEX,<br>KYPROLIS, NINLARO,<br>THALOMID |
| bleomycin injection recon soln 15 unit,<br>30 unit                      | PG               |                              |                                                                                        |
| BLINCYTO INTRAVENOUS KIT 35<br>MCG                                      | PS               | PA                           |                                                                                        |
| BORTEZOMIB INJECTION RECON<br>SOLN 1 MG, 2.5 MG                         | PS               | PA; LA                       |                                                                                        |
| bortezomib injection recon soln 3.5 mg                                  | PS               | PA; LA                       |                                                                                        |
| BORTEZOMIB INTRAVENOUS<br>SOLUTION 2.5 MG/ML                            | PS               | PA                           |                                                                                        |
| BORUZU INJECTION SOLUTION 2.5<br>MG/ML                                  | FE               |                              | bortezomib                                                                             |
| BOSULIF ORAL CAPSULE 100 MG,<br>50 MG                                   | PS               | PA; LA                       |                                                                                        |
| BOSULIF ORAL TABLET 100 MG,<br>400 MG, 500 MG                           | PS               | PA; LA                       |                                                                                        |
| BRAFTOVI ORAL CAPSULE 75 MG                                             | PS               | PA; LA                       |                                                                                        |
| BREYANZI INTRAVENOUS<br>SUSPENSION 1.5 X TO 70 X 10EXP6<br>CELL/ML      | NPS              | PA                           |                                                                                        |
| BRUKINSA ORAL TABLET 160 MG                                             | PS               | PA                           |                                                                                        |
| busulfan intravenous solution 60 mg/10<br>ml                            | PG               |                              |                                                                                        |
| BUSULFEX INTRAVENOUS<br>SOLUTION 60 MG/10 ML                            | NPB              |                              | busulfan                                                                               |
| BYNFEZIA SUBCUTANEOUS PEN<br>INJECTOR 7,000 MCG/2.8ML (2,500<br>MCG/ML) | FE               |                              | octreotide acetate                                                                     |
| CABOMETYX ORAL TABLET 20<br>MG, 40 MG, 60 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<br>PREFERRED<br>ALTERNATIVES               |
|----------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------|
| CALQUENCE (ACALABRUTINIB<br>MAL) ORAL TABLET 100 MG                        | PS        | PA                    |                                                      |
| CAMCEVI (6 MONTH)<br>SUBCUTANEOUS SYRINGE 42 MG                            | FE        |                       | ELIGARD, FIRMAGON,<br>LUPRON DEPOT,<br>LUTRATE DEPOT |
| CAMPTOSAR INTRAVENOUS<br>SOLUTION 100 MG/5 ML, 300 MG/15<br>ML, 40 MG/2 ML | NPB       |                       | irinotecan hcl                                       |
| capecitabine oral tablet 150 mg, 500 mg                                    | PS        | LA                    |                                                      |
| CAPRELSA ORAL TABLET 100 MG,<br>300 MG                                     | PS        | PA                    |                                                      |
| carboplatin intravenous recon soln 150<br>mg                               | PG        |                       |                                                      |
| carboplatin intravenous solution 10<br>mg/ml                               | PG        |                       |                                                      |
| carmustine intravenous recon soln 100<br>mg                                | PG        | PA                    |                                                      |
| CARVYKTI INTRAVENOUS<br>SUSPENSION 0.5 X 10EXP6 TO 1 X<br>10EXP8 CELL      | PS        | PA                    |                                                      |
| CASODEX ORAL TABLET 50 MG                                                  | NPB       |                       | bicalutamide                                         |
| CELLCEPT INTRAVENOUS<br>INTRAVENOUS RECON SOLN 500<br>MG                   | NPB       |                       | mycophenolate mofetil                                |
| CELLCEPT ORAL CAPSULE 250 MG                                               | NPB       |                       | mycophenolate mofetil                                |
| CELLCEPT ORAL SUSPENSION FOR<br>RECONSTITUTION 200 MG/ML                   | NPB       |                       | mycophenolate mofetil                                |
| CELLCEPT ORAL TABLET 500 MG                                                | NPB       |                       | mycophenolate mofetil                                |
| CISPLATIN INTRAVENOUS RECON<br>SOLN 50 MG                                  | NPB       |                       |                                                      |
| cisplatin intravenous solution 1 mg/ml                                     | PG        |                       |                                                      |
| cladribine intravenous solution 10 mg/10<br>ml                             | PG        |                       |                                                      |
| clofarabine intravenous solution 1 mg/ml                                   | PG        |                       |                                                      |
| COLUMVI INTRAVENOUS<br>SOLUTION 1 MG/ML                                    | 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.

| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                                                               | NPB              |                              |                                                 |
| cyclophosphamide intravenous solution 200 mg/ml                                                               | PG               |                              |                                                 |
| cyclophosphamide oral capsule 25 mg, 50 mg                                                                    | PG               |                              |                                                 |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                                                                            | NPB              |                              | cyclophosphamide                                |
| 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                                        |

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

| <b>Drug Name</b>                                                                                                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------|
| DANZITEN ORAL TABLET 71 MG,<br>95 MG                                                                                                                                             | PS               |                              |                                                   |
| DARZALEX FASPRO<br>SUBCUTANEOUS SOLUTION 1,800<br>MG-30,000 UNIT/15 ML                                                                                                           | NPS              | PA; LA                       |                                                   |
| DARZALEX INTRAVENOUS<br>SOLUTION 20 MG/ML                                                                                                                                        | PS               | PA; LA                       |                                                   |
| dasatinib oral tablet 100 mg, 140 mg, 20<br>mg, 50 mg, 70 mg, 80 mg                                                                                                              | PS               | LA                           |                                                   |
| DATROWAY INTRAVENOUS<br>RECON SOLN 100 MG                                                                                                                                        | NPS              | PA                           |                                                   |
| daunorubicin intravenous solution 5<br>mg/ml                                                                                                                                     | PG               |                              |                                                   |
| DAURISMO ORAL TABLET 100 MG,<br>25 MG                                                                                                                                            | NPS              | PA; LA                       | azacitidine, cytarabine,<br>decitabine, VENCLEXTA |
| decitabine intravenous recon soln 50 mg                                                                                                                                          | PS               | PA; LA                       |                                                   |
| docetaxel intravenous solution 160<br>mg/16 ml (10 mg/ml), 160 mg/8 ml (20<br>mg/ml), 20 mg/2 ml (10 mg/ml), 20<br>mg/ml (1 ml), 80 mg/4 ml (20 mg/ml),<br>80 mg/8 ml (10 mg/ml) | PG               |                              |                                                   |
| DOCIVYX INTRAVENOUS<br>SOLUTION 160 MG/16 ML (10<br>MG/ML), 20 MG/2 ML (10 MG/ML),<br>80 MG/8 ML (10 MG/ML)                                                                      | FE               |                              | docetaxel                                         |
| DOXIL INTRAVENOUS<br>SUSPENSION 2 MG/ML                                                                                                                                          | NPB              |                              | doxorubicin hcl liposomal                         |
| doxorubicin intravenous recon soln 10<br>mg, 50 mg                                                                                                                               | PG               |                              |                                                   |
| doxorubicin intravenous solution 10<br>mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50<br>mg/25 ml                                                                                             | PG               |                              |                                                   |
| doxorubicin, peg-liposomal intravenous<br>suspension 2 mg/ml                                                                                                                     | PG               |                              |                                                   |
| DROXIA ORAL CAPSULE 200 MG,<br>300 MG, 400 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<br>PREFERRED<br>ALTERNATIVES                                                 |
|-------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------|
| ELAHERE INTRAVENOUS<br>SOLUTION 5 MG/ML                                 | NPS       | PA                    | carboplatin,<br>cyclophosphamide, etoposide,<br>paclitaxel, LYNPARZA,<br>ZIRABEV       |
| ELIGARD (3 MONTH)<br>SUBCUTANEOUS SYRINGE 22.5 MG                       | PS        | PA; LA                |                                                                                        |
| ELIGARD (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30 MG                         | PS        | PA; LA                |                                                                                        |
| ELIGARD (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45 MG                         | PS        | PA; LA                |                                                                                        |
| ELIGARD SUBCUTANEOUS<br>SYRINGE 7.5 MG (1 MONTH)                        | PS        | PA; LA                |                                                                                        |
| ELLEENCE INTRAVENOUS<br>SOLUTION 200 MG/100 ML, 50<br>MG/25 ML          | NPB       |                       | epirubicin hcl                                                                         |
| ELREXFIO SUBCUTANEOUS<br>SOLUTION 40 MG/ML                              | NPS       | PA                    |                                                                                        |
| ELZONRIS INTRAVENOUS<br>SOLUTION 1,000 MCG/ML                           | PS        | PA                    |                                                                                        |
| EMPLICITI INTRAVENOUS RECON<br>SOLN 300 MG, 400 MG                      | NPS       | PA; LA                | bortezomib, lenalidomide,<br>pomalidomide, DARZALEX,<br>KYPROLIS, NINLARO,<br>THALOMID |
| EMRELIS INTRAVENOUS RECON<br>SOLN 100 MG, 20 MG                         | NPS       | PA                    |                                                                                        |
| ENHERTU INTRAVENOUS RECON<br>SOLN 100 MG                                | NPS       | PA; LA                |                                                                                        |
| ENSACOVE ORAL CAPSULE 100<br>MG, 25 MG                                  | PS        | PA                    |                                                                                        |
| ENSPRYNG SUBCUTANEOUS<br>SYRINGE 120 MG/ML                              | PS        | LA                    |                                                                                        |
| ENVARUS XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 0.75<br>MG, 1 MG, 4 MG | FE        |                       | tacrolimus                                                                             |
| epirubicin intravenous solution 200<br>mg/100 ml                        | PG        |                       |                                                                                        |
| EPKINLY SUBCUTANEOUS<br>SOLUTION 4 MG/0.8 ML, 48 MG/0.8<br>ML           | 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.



| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| ERBITUX INTRAVENOUS<br>SOLUTION 100 MG/50 ML, 200<br>MG/100 ML               | PS               | PA; LA                       |                                                 |
| eribulin intravenous solution 1 mg/2 ml<br>(0.5 mg/ml)                       | PS               | PA                           |                                                 |
| ERIVEDGE ORAL CAPSULE 150 MG                                                 | PS               | PA; LA                       |                                                 |
| ERLEADA ORAL TABLET 240 MG,<br>60 MG                                         | PS               | PA; LA                       |                                                 |
| erlotinib oral tablet 100 mg, 150 mg, 25<br>mg                               | PS               | PA; LA                       |                                                 |
| ETOPOPHOS INTRAVENOUS<br>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<br>mg, 2.5 mg, 5 mg, 7.5 mg       | PS               | PA; LA                       |                                                 |
| everolimus (antineoplastic) oral tablet<br>for suspension 2 mg, 3 mg, 5 mg   | PS               | PA; LA                       |                                                 |
| everolimus (immunosuppressive) oral<br>tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | PG               |                              |                                                 |
| EVOMELA INTRAVENOUS RECON<br>SOLN 50 MG                                      | NPS              |                              | melphalan hcl                                   |
| exemestane oral tablet 25 mg                                                 | PG               |                              |                                                 |
| FARESTON ORAL TABLET 60 MG                                                   | NPB              |                              | toremifene citrate                              |
| FASLODEX INTRAMUSCULAR<br>SYRINGE 250 MG/5 ML                                | NPB              | PA                           | fulvestrant                                     |
| FEMARA ORAL TABLET 2.5 MG                                                    | NPB              |                              | letrozole                                       |
| FENSOLVI SUBCUTANEOUS<br>SYRINGE 45 MG                                       | PS               | PA; LA                       |                                                 |
| FIRMAGON KIT W DILUENT<br>SYRINGE SUBCUTANEOUS RECON<br>SOLN 120 MG, 80 MG   | PS               | PA; LA                       |                                                 |
| floxuridine injection recon soln 0.5 gram                                    | PG               |                              |                                                 |
| fludarabine intravenous recon soln 50<br>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.

| <b>Drug Name</b>                                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| fludarabine intravenous solution 50 mg/2 ml                                                                      | PG               |                              |                                                 |
| fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml                      | PG               |                              |                                                 |
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)                                                                     | NPS              | PA; LA                       | pralatrexate                                    |
| FOLOTYN INTRAVENOUS SOLUTION 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               |                              |                                                 |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 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<br>PREFERRED<br>ALTERNATIVES                       |
|-----------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------|
| GLEEVEC ORAL TABLET 100 MG, 400 MG                              | FE        |                       | imatinib mesylate                                            |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                     | NPB       |                       | lomustine                                                    |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                 | PS        | PA                    |                                                              |
| 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)              | NPS       | PA; LA                | eribulin mesylate                                            |
| HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG        | NPS       |                       |                                                              |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | FE        |                       | HERCESSI, OGIVRI                                             |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG                         | FE        |                       | HERCESSI, OGIVRI                                             |
| HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG                  | PS        | PA                    |                                                              |
| HERNEXEOS ORAL TABLET 60 MG                                     | FE        |                       |                                                              |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG                   | FE        |                       | HERCESSI, OGIVRI                                             |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG                             | PS        | PA; LA                |                                                              |
| HYDREA ORAL CAPSULE 500 MG                                      | NPB       |                       | hydroxyurea                                                  |
| hydroxyurea oral capsule 500 mg                                 | PG        |                       |                                                              |
| HYRNUO ORAL TABLET 10 MG                                        | FE        |                       |                                                              |
| IBRANCE ORAL CAPSULE 125 MG                                     | PS        | PA; LA                |                                                              |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                       | PS        | PA; LA                |                                                              |
| IBTROZI ORAL CAPSULE 200 MG                                     | PS        | PA                    |                                                              |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 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.

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                       |
|-------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------|
| 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               |                              |                                                                       |
| 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, KEYTRUDA QLEX, MEKINIST, OPDIVO, TAFINLAR, YERVOY, ZELBORAF |
| IMURAN ORAL TABLET 50 MG                                                            | NPB              |                              | azathioprine                                                          |

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

| Drug Name                                                                                                                                                                                                                                                                                                                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| INFUGEM INTRAVENOUS<br>PIGGYBACK 1,200 MG/120 ML (10<br>MG/ML), 1,300 MG/130 ML (10<br>MG/ML), 1,400 MG/140 ML (10<br>MG/ML), 1,500 MG/150 ML (10<br>MG/ML), 1,600 MG/160 ML (10<br>MG/ML), 1,700 MG/170 ML (10<br>MG/ML), 1,800 MG/180 ML (10<br>MG/ML), 1,900 MG/190 ML (10<br>MG/ML), 2,000 MG/200 ML (10<br>MG/ML), 2,200 MG/220 ML (10<br>MG/ML) | NPB       |                       | gemcitabine hcl                        |
| INLURIYO ORAL TABLET 200 MG                                                                                                                                                                                                                                                                                                                           | PS        | PA                    |                                        |
| 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                              |
| irinotecan intravenous solution 100 mg/5<br>ml, 300 mg/15 ml, 40 mg/2 ml, 500<br>mg/25 ml                                                                                                                                                                                                                                                             | PG        |                       |                                        |
| ISTODAX INTRAVENOUS RECON<br>SOLN 10 MG/2 ML                                                                                                                                                                                                                                                                                                          | PS        | PA; LA                |                                        |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                                                                                                                                                                                                                                                                                                        | FE        |                       |                                        |
| IVRA INTRAVENOUS SOLUTION 90<br>MG/ML                                                                                                                                                                                                                                                                                                                 | FE        |                       | melphalan hcl                          |
| IWILFIN ORAL TABLET 192 MG                                                                                                                                                                                                                                                                                                                            | PS        | PA                    |                                        |
| IXEMPRA INTRAVENOUS RECON<br>SOLN 15 MG, 45 MG                                                                                                                                                                                                                                                                                                        | PS        | PA; LA                |                                        |
| JAKAFI ORAL TABLET 10 MG, 15<br>MG, 20 MG, 25 MG, 5 MG                                                                                                                                                                                                                                                                                                | PS        | ST; LA                |                                        |
| JAKAFI XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11 MG,<br>22 MG, 33 MG, 44 MG, 55 MG                                                                                                                                                                                                                                                                  | FE        |                       |                                        |
| JAYPIRCA ORAL TABLET 100 MG,<br>50 MG                                                                                                                                                                                                                                                                                                                 | FE        |                       | BRUKINSA, CALQUENCE,<br>IMBRUVICA      |
| JELMYTO INTRA-<br>PYELOALYCEAL KIT 40 MG X 2                                                                                                                                                                                                                                                                                                          | NPS       | PA                    |                                        |
| JEMPERLI INTRAVENOUS<br>SOLUTION 50 MG/ML                                                                                                                                                                                                                                                                                                             | NPS       | PA; LA                | KEYTRUDA, KEYTRUDA<br>QLEX             |

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

| <b>Drug Name</b>                                                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| JEVTANA INTRAVENOUS<br>SOLUTION 60 MG/1.5 ML<br>(DILUTE 10MG/ML)                                       | PS               | PA; LA                       |                                                 |
| JOBEVNE INTRAVENOUS<br>SOLUTION 25 MG/ML                                                               | FE               |                              | ZIRABEV                                         |
| JYLAMVO ORAL SOLUTION 2<br>MG/ML                                                                       | FE               |                              | methotrexate                                    |
| KADCYLA INTRAVENOUS RECON<br>SOLN 100 MG, 160 MG                                                       | PS               | PA; LA                       |                                                 |
| KANJINTI INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG                                                      | FE               |                              | HERCESSI, OGIVRI                                |
| kemoplat intravenous solution 1 mg/ml                                                                  | PG               |                              |                                                 |
| KEYTRUDA INTRAVENOUS<br>SOLUTION 25 MG/ML                                                              | PS               | PA                           |                                                 |
| KEYTRUDA QLEX<br>SUBCUTANEOUS SOLUTION 395<br>MG-4,800 UNIT/2.4 ML, 790 MG-<br>9,600 UNIT/4.8 ML       | PS               | PA                           |                                                 |
| KIMMTRAK INTRAVENOUS<br>SOLUTION 100 MCG/0.5 ML                                                        | PS               | PA                           |                                                 |
| KISQALI ORAL TABLET 200<br>MG/DAY (200 MG X 1), 400 MG/DAY<br>(200 MG X 2), 600 MG/DAY (200 MG<br>X 3) | PS               | PA; LA                       |                                                 |
| KLISYRI (250 MG) TOPICAL<br>OINTMENT IN PACKET 1 %                                                     | FE               |                              | fluorouracil, fluorouracil,<br>imiquimod        |
| KOMZIFTI ORAL CAPSULE 200 MG                                                                           | PS               | PA                           |                                                 |
| KOSELUGO ORAL CAPSULE 10 MG,<br>25 MG                                                                  | NPS              | PA                           | GOMEKLI                                         |
| KOSELUGO ORAL CAPSULE,<br>SPRINKLE 5 MG, 7.5 MG                                                        | NPS              | PA                           | GOMEKLI                                         |
| KRAZATI ORAL TABLET 200 MG                                                                             | FE               |                              |                                                 |
| KYMRIAH INTRAVENOUS<br>SUSPENSION 0.2X10EXP6 TO<br>2.5X10EXP8 CELL, 0.6 TO 6 X<br>10EXP8 CELL          | PS               | PA                           |                                                 |
| KYPROLIS INTRAVENOUS RECON<br>SOLN 10 MG, 30 MG, 60 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.

| <b>Drug Name</b>                                                                                                                                                                                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| KYXATA INTRAVENOUS<br>SOLUTION 10 MG/ML                                                                                                                                                                                            | NPB              |                              | carboplatin                                     |
| lanreotide subcutaneous syringe 120<br>mg/0.5 ml                                                                                                                                                                                   | PS               | PA; QL                       |                                                 |
| lapatinib oral tablet 250 mg                                                                                                                                                                                                       | PS               | PA; LA                       |                                                 |
| LAZCLUZE ORAL TABLET 240 MG,<br>80 MG                                                                                                                                                                                              | NPS              | PA                           |                                                 |
| lenalidomide oral capsule 10 mg, 15 mg,<br>2.5 mg, 20 mg, 25 mg, 5 mg                                                                                                                                                              | PS               | LA                           |                                                 |
| LENVIMA ORAL CAPSULE 10<br>MG/DAY (10 MG X 1), 12 MG/DAY (4<br>MG X 3), 14 MG/DAY(10 MG X 1-4<br>MG X 1), 18 MG/DAY (10 MG X 1-4<br>MG X 2), 20 MG/DAY (10 MG X 2), 24<br>MG/DAY(10 MG X 2-4 MG X 1), 4<br>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<br>SOLUTION 50 MG/ML                                                                                                                                                                                           | PS               | PA                           |                                                 |
| LIFYORLI ORAL CAPSULE 125<br>MG/DAY(100 MG X1-25MG X1), 150<br>MG/DAY(100 MG X1-25MG X2)                                                                                                                                           | NPS              | PA                           |                                                 |
| lomustine oral capsule 10 mg, 100 mg,<br>40 mg                                                                                                                                                                                     | PG               |                              |                                                 |
| LONSURF ORAL TABLET 15-6.14<br>MG, 20-8.19 MG                                                                                                                                                                                      | PS               | PA; LA                       |                                                 |
| LOQTORZI INTRAVENOUS<br>SOLUTION 240 MG/6 ML (40<br>MG/ML)                                                                                                                                                                         | PS               | PA                           |                                                 |
| LORBRENA ORAL TABLET 100 MG,<br>25 MG                                                                                                                                                                                              | PS               | PA; LA                       |                                                 |
| LUMAKRAS ORAL TABLET 120 MG,<br>240 MG, 320 MG                                                                                                                                                                                     | NPS              | PA; LA                       |                                                 |
| LUNSUMIO INTRAVENOUS<br>SOLUTION 1 MG/ML                                                                                                                                                                                           | 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.

| <b>Drug Name</b>                                                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                               |
|--------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------------------|
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML                            | FE               |                              |                                                                               |
| 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          | PS               | PA                           |                                                                               |
| LYMPHIR INTRAVENOUS RECON SOLN 300 MCG                                               | FE               |                              | acitretin, bexarotene, isotretinoin, romidepsin, ADCETRIS, POTELIGEO, ZOLINZA |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML                                     | NPS              | PA                           |                                                                               |
| 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                           |                                                                               |
| MATULANE ORAL CAPSULE 50 MG                                                          | PS               |                              |                                                                               |

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



| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                |
|----------------------------------------------------------------------------|------------------|------------------------------|--------------------------------------------------------------------------------|
| megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) | PG               |                              |                                                                                |
| megestrol oral tablet 20 mg, 40 mg                                         | PG               |                              |                                                                                |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                        | 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               | ST; LA                       |                                                                                |
| mercaptopurine oral tablet 50 mg                                           | PG               |                              |                                                                                |
| METHOTREXATE (PF) IN NACL,ISO INTRAMUSCULAR SYRINGE 125 MG/5 ML (25 MG/ML) | NPB              |                              |                                                                                |
| 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                           |                                                                                |
| MODEYSO ORAL CAPSULE 125 MG                                                | PS               | PA                           |                                                                                |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG                                      | NPS              | PA                           | cyclophosphamide, doxorubicin hcl, lenalidomide, 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                                                               |

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

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| mycophenolate mofetil (hcl) intravenous recon soln 500 mg                | PG               |                              |                                                 |
| mycophenolate mofetil oral capsule 250 mg                                | PG               |                              |                                                 |
| mycophenolate mofetil oral suspension for reconstitution 200 mg/ml       | PG               |                              |                                                 |
| mycophenolate mofetil oral tablet 500 mg                                 | PG               |                              |                                                 |
| mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg | PG               |                              |                                                 |
| 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 5 mg/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                               |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG                  | FE               |                              | nilotinib hcl, DANZITEN                         |
| nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg                         | PS               | LA                           |                                                 |
| nilutamide oral tablet 150 mg                                            | PG               | PA                           |                                                 |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 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.

| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                       |                                                 |
| 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                                                      | PS               | PA; LA                       |                                                 |
| OGSIVEO ORAL TABLET 100 MG, 150 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               |                              | HERCESSI, OGIVRI                                |
| 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                       |                                                 |

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

| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                   |
|--------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------|
| OPDIVO QVANTIG<br>SUBCUTANEOUS SOLUTION 300<br>MG-5,000 UNIT/2.5 ML, 600 MG-<br>10,000 UNIT/5 ML | PS               | PA                           |                                                                   |
| OPDUALAG INTRAVENOUS<br>SOLUTION 240-80 MG/20 ML                                                 | PS               | PA; LA                       |                                                                   |
| ORGOVYX ORAL TABLET 120 MG                                                                       | NPS              | PA                           | ELIGARD, FIRMAGON,<br>LUPRON DEPOT,<br>LUTRATE DEPOT              |
| ORSERDU ORAL TABLET 345 MG,<br>86 MG                                                             | PS               | PA; QL                       |                                                                   |
| oxaliplatin intravenous recon soln 100<br>mg, 50 mg                                              | PG               |                              |                                                                   |
| oxaliplatin intravenous solution 100<br>mg/20 ml, 200 mg/40 ml, 50 mg/10 ml<br>(5 mg/ml)         | PG               |                              |                                                                   |
| paclitaxel intravenous concentrate 6<br>mg/ml                                                    | PG               |                              |                                                                   |
| paclitaxel protein-bound intravenous<br>suspension for reconstitution 100 mg                     | PS               |                              |                                                                   |
| PADCEV INTRAVENOUS RECON<br>SOLN 20 MG, 30 MG                                                    | NPS              | PA; LA                       |                                                                   |
| PALSONIFY ORAL TABLET 20 MG,<br>30 MG                                                            | FE               |                              | lanreotide acetate, octreotide<br>acetate er, SOMATULINE<br>DEPOT |
| pazopanib oral tablet 200 mg                                                                     | PS               | LA                           |                                                                   |
| PEMAZYRE ORAL TABLET 13.5<br>MG, 4.5 MG, 9 MG                                                    | PS               | PA                           |                                                                   |
| pemetrexed disodium intravenous recon<br>soln 1,000 mg, 100 mg, 500 mg, 750 mg                   | PG               |                              |                                                                   |
| PEMETREXED DISODIUM<br>INTRAVENOUS SOLUTION 25<br>MG/ML                                          | NPB              |                              |                                                                   |
| PEMETREXED INTRAVENOUS<br>SOLUTION 25 MG/ML                                                      | NPB              |                              |                                                                   |
| PEMFEXY INTRAVENOUS<br>SOLUTION 25 MG/ML                                                         | NPB              |                              | pemetrexed disodium                                               |
| PEMRYDI RTU INTRAVENOUS<br>SOLUTION 10 MG/ML                                                     | NPB              |                              | pemetrexed disodium                                               |

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

| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                               |
|---------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------|
| PERJETA INTRAVENOUS<br>SOLUTION 420 MG/14 ML (30<br>MG/ML)                                                    | PS               | PA; LA                       |                                                                                               |
| PHESGO SUBCUTANEOUS<br>SOLUTION 1,200 MG-600MG- 30000<br>UNIT/15ML, 600 MG-600 MG- 20000<br>UNIT/10ML         | PS               | PA; LA                       |                                                                                               |
| PHOTOFRIN INTRAVENOUS<br>RECON SOLN 75 MG                                                                     | PB               |                              |                                                                                               |
| PHYRAGO ORAL TABLET 100 MG,<br>140 MG, 20 MG, 50 MG, 70 MG, 80<br>MG                                          | FE               |                              | dasatinib                                                                                     |
| PIQRAY ORAL TABLET 200<br>MG/DAY (200 MG X 1), 250 MG/DAY<br>(200 MG X1-50 MG X1), 300 MG/DAY<br>(150 MG X 2) | PS               | PA                           |                                                                                               |
| POLIVY INTRAVENOUS RECON<br>SOLN 140 MG, 30 MG                                                                | NPS              | PA; LA                       |                                                                                               |
| pomalidomide oral capsule 1 mg, 2 mg,<br>3 mg, 4 mg                                                           | PS               | PA; LA                       |                                                                                               |
| POMALYST ORAL CAPSULE 1 MG,<br>2 MG, 3 MG, 4 MG                                                               | NPS              | PA; LA                       | pomalidomide                                                                                  |
| POTELIGEO INTRAVENOUS<br>SOLUTION 4 MG/ML                                                                     | PS               | PA                           |                                                                                               |
| pralatrexate intravenous solution 20<br>mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)                                   | PS               | PA; LA                       |                                                                                               |
| PROGRAF INTRAVENOUS<br>SOLUTION 5 MG/ML                                                                       | PB               |                              |                                                                                               |
| PROGRAF ORAL CAPSULE 0.5 MG,<br>1 MG, 5 MG                                                                    | NPB              |                              | TACROLIMUS                                                                                    |
| PROGRAF ORAL GRANULES IN<br>PACKET 0.2 MG, 1 MG                                                               | PB               |                              |                                                                                               |
| PURIXAN ORAL SUSPENSION 20<br>MG/ML                                                                           | PS               | ST                           |                                                                                               |
| QINLOCK ORAL TABLET 50 MG                                                                                     | FE               |                              | imatinib mesylate, nilotinib<br>hcl, pazopanib hcl, sunitinib<br>malate, IMKELDI,<br>STIVARGA |

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

| <b>Drug Name</b>                                                                                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                                                                                        | FE               |                              | lenalidomide                                    |
| 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                                        |
| 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 FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML | NPS              | PA                           |                                                 |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML                                                                                                               | NPS              | PA; LA                       | EXKIVITY                                        |

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

| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                             |
|-----------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------|
| RYDAPT ORAL CAPSULE 25 MG                                                                           | PS               | PA; LA                       |                                                                             |
| RYLAZE INTRAMUSCULAR<br>SOLUTION 10 MG/0.5 ML                                                       | NPS              | PA                           |                                                                             |
| RYTELO INTRAVENOUS RECON<br>SOLN 188 MG, 47 MG                                                      | FE               |                              |                                                                             |
| SANDIMMUNE INTRAVENOUS<br>SOLUTION 250 MG/5 ML                                                      | NPB              |                              | cyclosporine                                                                |
| SANDIMMUNE ORAL CAPSULE 100<br>MG, 25 MG                                                            | NPB              |                              | cyclosporine                                                                |
| SANDOSTATIN INJECTION<br>SOLUTION 100 MCG/ML, 50<br>MCG/ML, 500 MCG/ML                              | NPS              | PA; LA                       | octreotide acetate                                                          |
| SANDOSTATIN LAR DEPOT<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 10 MG, 20 MG, 30 MG      | FE               |                              | octreotide acetate er                                                       |
| SAPHNELO INTRAVENOUS<br>SOLUTION 300 MG/2 ML (150<br>MG/ML)                                         | NPS              | LA                           | BENLYSTA, BENLYSTA                                                          |
| SAPHNELO PEN SUBCUTANEOUS<br>AUTO-INJECTOR 120 MG/0.8 ML                                            | FE               |                              |                                                                             |
| SAPHNELO SUBCUTANEOUS<br>SYRINGE 120 MG/0.8 ML                                                      | FE               |                              | BENLYSTA, BENLYSTA                                                          |
| SARCLISA INTRAVENOUS<br>SOLUTION 20 MG/ML                                                           | NPS              | PA                           | DARZALEX                                                                    |
| SCEMBLIX ORAL TABLET 100 MG,<br>20 MG, 40 MG                                                        | PS               | PA                           |                                                                             |
| SIGNIFOR LAR INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 10 MG, 20 MG,<br>30 MG, 40 MG, 60 MG | FE               |                              | lanreotide acetate, octreotide<br>acetate er, SIGNIFOR,<br>SOMATULINE DEPOT |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML), 0.6<br>MG/ML (1 ML), 0.9 MG/ML (1 ML)           | PS               | PA                           |                                                                             |
| SIKLOS ORAL TABLET 1,000 MG,<br>100 MG                                                              | FE               |                              | DROXIA                                                                      |
| SIMULECT INTRAVENOUS RECON<br>SOLN 10 MG, 20 MG                                                     | PB               |                              |                                                                             |
| sirolimus oral 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.

| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| sirolimus oral tablet 0.5 mg, 1 mg, 2 mg                                                 | PG               |                              |                                                 |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                                       | NPB              |                              | tamoxifen citrate                               |
| SOMATULINE DEPOT<br>SUBCUTANEOUS SYRINGE 120<br>MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3<br>ML | PS               | PA; QL; LA                   |                                                 |
| sorafenib oral tablet 200 mg                                                             | PS               | LA                           |                                                 |
| SPRYCEL ORAL TABLET 100 MG,<br>140 MG, 20 MG, 50 MG, 70 MG, 80<br>MG                     | FE               |                              | dasatinib                                       |
| STIVARGA ORAL TABLET 40 MG                                                               | PS               | PA; LA                       |                                                 |
| sunitinib malate oral capsule 12.5 mg, 25<br>mg, 37.5 mg, 50 mg                          | PS               | LA                           |                                                 |
| SUPPRELIN LA IMPLANT KIT 50<br>MG (65 MCG/DAY)                                           | PS               | PA; LA                       |                                                 |
| SUTENT ORAL CAPSULE 12.5 MG,<br>25 MG, 37.5 MG, 50 MG                                    | NPS              | LA                           | sunitinib malate                                |
| SYLVANT INTRAVENOUS RECON<br>SOLN 100 MG, 400 MG                                         | PS               | PA; LA                       |                                                 |
| TABLOID ORAL TABLET 40 MG                                                                | NPB              |                              |                                                 |
| TABRECTA ORAL TABLET 150 MG,<br>200 MG                                                   | PS               | PA; LA                       |                                                 |
| TACROLIMUS INTRAVENOUS<br>SOLUTION 5 MG/ML                                               | NPB              |                              |                                                 |
| tacrolimus oral capsule 0.5 mg, 1 mg, 5<br>mg                                            | PG               |                              |                                                 |
| TAFINLAR ORAL CAPSULE 50 MG,<br>75 MG                                                    | PS               | PA; LA                       |                                                 |
| TAFINLAR ORAL TABLET FOR<br>SUSPENSION 10 MG                                             | PS               | PA; LA                       |                                                 |
| TAGRISSO ORAL TABLET 40 MG,<br>80 MG                                                     | PS               | PA; LA                       |                                                 |
| TALVEY SUBCUTANEOUS<br>SOLUTION 2 MG/ML, 40 MG/ML                                        | NPS              | PA                           |                                                 |
| TALZENNA ORAL CAPSULE 0.1<br>MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75<br>MG, 1 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.



| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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,<br>200 MG, 50 MG                                                 | FE               |                              | nilotinib hcl                                   |
| TECARTUS INTRAVENOUS<br>SUSPENSION 1X10EXP6 TO<br>1X10EXP8 CELL, 2X10EXP6 TO<br>2X10EXP8 CELL | NPS              | PA                           |                                                 |
| TECELRA INTRAVENOUS<br>SUSPENSION 2.68X10EXP9 TO<br>10X10EXP9 CELL                            | PS               | PA                           |                                                 |
| TECENTRIQ HYBREZA<br>SUBCUTANEOUS SOLUTION 1,875<br>MG-30,000 UNIT/15 ML                      | PS               | PA                           |                                                 |
| TECENTRIQ INTRAVENOUS<br>SOLUTION 1,200 MG/20 ML (60<br>MG/ML), 840 MG/14 ML (60 MG/ML)       | PS               | PA; LA                       |                                                 |
| TECVAYLI SUBCUTANEOUS<br>SOLUTION 10 MG/ML, 90 MG/ML                                          | NPS              | PA                           |                                                 |
| TEMODAR INTRAVENOUS RECON<br>SOLN 100 MG                                                      | PS               | LA                           |                                                 |
| temozolomide oral capsule 100 mg, 140<br>mg, 180 mg, 20 mg, 250 mg, 5 mg                      | PS               | PA; LA                       |                                                 |
| temsirolimus intravenous recon soln 25<br>mg/ml (dilute 10mg/ml)                              | PS               | PA; LA                       |                                                 |
| TEPADINA INJECTION RECON<br>SOLN 100 MG, 15 MG                                                | NPB              | PA                           | thiotepa                                        |
| TEPADINA INJECTION SOLUTION<br>200 MG                                                         | NPB              | PA                           | thiotepa                                        |
| TEPMETKO ORAL TABLET 225 MG                                                                   | FE               |                              | TABRECTA                                        |
| TEPYLUTE INTRAVENOUS<br>SOLUTION 10 MG/ML                                                     | FE               |                              | thiotepa                                        |
| TEVIMBRA INTRAVENOUS<br>SOLUTION 10 MG/ML                                                     | PS               | PA                           |                                                 |
| THALOMID ORAL CAPSULE 100<br>MG, 50 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.

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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 25 MG/ML (DILUTE 10 MG/ML)                       | 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                                 | FE               |                              | HERCESSI, OGIVRI                                |
| 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, LUTRATE DEPOT  |
| tretinoin (antineoplastic) oral capsule 10 mg                                   | PG               |                              |                                                 |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                                  | FE               |                              | methotrexate                                    |
| 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                           |                                                 |

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

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>      |
|-------------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------------------------|
| TURALIO ORAL CAPSULE 125 MG                                                         | NPS              | PA                           |                                                      |
| TYKERB ORAL TABLET 250 MG                                                           | FE               |                              | lapatinib                                            |
| UNITUXIN INTRAVENOUS<br>SOLUTION 3.5 MG/ML                                          | PS               | PA                           |                                                      |
| UNLOXCYT INTRAVENOUS<br>SOLUTION 300 MG/5 ML (60<br>MG/ML)                          | FE               |                              | KEYTRUDA, KEYTRUDA<br>QLEX, LIBTAYO                  |
| UPLIZNA INTRAVENOUS<br>SOLUTION 10 MG/ML                                            | FE               |                              | ENSPRYNG                                             |
| VABRINTY (1 MONTH)<br>SUBCUTANEOUS SYRINGE 7.5 MG<br>(1 MONTH)                      | FE               |                              | ELIGARD, FIRMAGON,<br>LUPRON DEPOT,<br>LUTRATE DEPOT |
| VABRINTY (3 MONTH)<br>SUBCUTANEOUS SYRINGE 22.5 MG                                  | FE               |                              | ELIGARD, FIRMAGON,<br>LUPRON DEPOT,<br>LUTRATE DEPOT |
| VABRINTY (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30 MG                                    | FE               |                              | ELIGARD, FIRMAGON,<br>LUPRON DEPOT,<br>LUTRATE DEPOT |
| VABRINTY (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45 MG                                    | FE               |                              | ELIGARD, FIRMAGON,<br>LUPRON DEPOT,<br>LUTRATE DEPOT |
| valrubicin intravesical solution 40 mg/ml                                           | PS               | PA; LA                       |                                                      |
| VANFLYTA ORAL TABLET 17.7<br>MG, 26.5 MG                                            | FE               |                              | RYDAPT                                               |
| VECTIBIX INTRAVENOUS<br>SOLUTION 100 MG/5 ML (20<br>MG/ML), 400 MG/20 ML (20 MG/ML) | PS               | PA; LA                       |                                                      |
| VEGZELMA INTRAVENOUS<br>SOLUTION 25 MG/ML                                           | FE               |                              | ZIRABEV                                              |
| VELCADE INJECTION RECON SOLN<br>3.5 MG                                              | NPS              | PA; LA                       | bortezomib                                           |
| VENCLEXTA ORAL TABLET 10 MG,<br>100 MG, 50 MG                                       | PS               | PA                           |                                                      |
| VENCLEXTA STARTING PACK<br>ORAL TABLETS,DOSE PACK 10<br>MG-50 MG- 100 MG            | PS               | PA                           |                                                      |
| VERZENIO ORAL TABLET 100 MG,<br>150 MG, 200 MG, 50 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<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| VIDAZA INJECTION RECON SOLN 100 MG                                 | NPS       | LA                    | azacitidine                            |
| VIJOICE ORAL GRANULES IN PACKET 50 MG                              | PS        | PA; QL                |                                        |
| 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                          |
| VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)               | PS        | PA; QL                |                                        |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG                        | PS        | PA                    |                                        |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG                            | PS        | PA                    |                                        |
| WAYRILZ ORAL TABLET 400 MG                                         | FE        |                       | eltrombopag olamine, DOPTELET, NPLATE  |
| WELIREG ORAL TABLET 40 MG                                          | NPS       | PA                    |                                        |
| XALKORI ORAL CAPSULE 200 MG, 250 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<br>PREFERRED<br>ALTERNATIVES                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------|
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG                                                                                                                                                                                              | PS        | PA; LA                |                                                                               |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                                                                                                                                                                        | FE        |                       | methotrexate                                                                  |
| XERMELO ORAL TABLET 250 MG                                                                                                                                                                                                            | PS        | PA                    |                                                                               |
| XOSPATA ORAL TABLET 40 MG                                                                                                                                                                                                             | PS        | PA                    |                                                                               |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) | FE        |                       | bortezomib, lenalidomide, pomalidomide, DARZALEX, KYPROLIS, NINLARO, 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                |                                                                               |
| yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 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                    |                                                                               |

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

| Drug Name                                                       | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                           |
|-----------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------|
| ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML                      | PB        |                       |                                                                  |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG                           | FE        |                       | HERCESSI, OGIVRI, PERJETA                                        |
| 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                |                                                                  |
| 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                                              |
| <b>AUTONOMIC &amp; CNS<br/>DRUGS, NEUROLOGY &amp;<br/>PSYCH</b> |           |                       |                                                                  |
| <b>ANTICONVULSANTS</b>                                          |           |                       |                                                                  |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG               | NPB       |                       | eslicarbazepine acetate                                          |
| BANZEL ORAL SUSPENSION 40 MG/ML                                 | FE        |                       | rufinamide                                                       |
| BANZEL ORAL TABLET 200 MG, 400 MG                               | FE        |                       | rufinamide                                                       |
| brivaracetam oral solution 10 mg/ml                             | PG        |                       |                                                                  |
| brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg     | PG        |                       |                                                                  |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                 | NPB       | ST                    | brivaracetam                                                     |

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

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| BRIVIACT ORAL TABLET 10 MG,<br>100 MG, 25 MG, 50 MG, 75 MG                      | NPB              | ST                           | brivaracetam                                    |
| carbamazepine oral capsule, er<br>multiphase 12 hr 100 mg, 200 mg, 300<br>mg    | PG               |                              |                                                 |
| carbamazepine oral suspension 100 mg/5<br>ml, 200 mg/10 ml                      | PG               |                              |                                                 |
| carbamazepine oral tablet 200 mg                                                | PG               |                              |                                                 |
| carbamazepine oral tablet extended<br>release 12 hr 100 mg, 200 mg, 400 mg      | PG               |                              |                                                 |
| carbamazepine oral tablet, chewable 100<br>mg                                   | PG               |                              |                                                 |
| CARBAMAZEPINE ORAL<br>TABLET, CHEWABLE 200 MG                                   | NPB              |                              | carbamazepine                                   |
| CARBATROL ORAL CAPSULE, ER<br>MULTIPHASE 12 HR 100 MG, 200<br>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<br>mg                                    | PG               |                              |                                                 |
| clonazepam oral tablet, disintegrating<br>0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg | PG               |                              |                                                 |
| DEPAKOTE ER ORAL TABLET<br>EXTENDED RELEASE 24 HR 250<br>MG, 500 MG             | NPB              | ST                           | divalproex sodium er                            |
| DEPAKOTE ORAL<br>TABLET, DELAYED RELEASE<br>(DR/EC) 125 MG, 250 MG, 500 MG      | NPB              | ST                           | divalproex sodium                               |
| DEPAKOTE SPRINKLES ORAL<br>CAPSULE, DELAYED REL<br>SPRINKLE 125 MG              | NPB              | ST                           | divalproex sodium                               |
| DIACOMIT ORAL CAPSULE 250 MG,<br>500 MG                                         | PS               |                              |                                                 |
| DIACOMIT ORAL POWDER IN<br>PACKET 250 MG, 500 MG                                | PS               |                              |                                                 |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| diazepam rectal kit 12.5-15-17.5-20 mg,<br>2.5 mg, 5-7.5-10 mg           | PG        |                       |                                        |
| DILANTIN EXTENDED ORAL<br>CAPSULE 100 MG                                 | NPB       |                       | phenytoin sodium                       |
| DILANTIN INFATABS ORAL<br>TABLET,CHEWABLE 50 MG                          | NPB       |                       | phenytoin                              |
| DILANTIN ORAL CAPSULE 30 MG                                              | PB        |                       |                                        |
| DILANTIN-125 ORAL SUSPENSION<br>125 MG/5 ML                              | NPB       |                       | phenytoin                              |
| divalproex oral capsule, delayed rel<br>sprinkle 125 mg                  | PG        |                       |                                        |
| divalproex oral tablet extended release<br>24 hr 250 mg, 500 mg          | PG        |                       |                                        |
| divalproex oral tablet,delayed release<br>(dr/ec) 125 mg, 250 mg, 500 mg | PG        |                       |                                        |
| ELEPSIA XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 1,000<br>MG, 1,500 MG   | NPB       | ST                    | levetiracetam                          |
| EPIDIOLEX ORAL SOLUTION 100<br>MG/ML                                     | PS        | LA                    |                                        |
| EPRONTIA ORAL SOLUTION 25<br>MG/ML                                       | FE        |                       | topiramate                             |
| EQUETRO ORAL CAPSULE, ER<br>MULTIPHASE 12 HR 100 MG, 200<br>MG, 300 MG   | NPB       |                       | carbamazepine,<br>carbamazepine er     |
| eslicarbazepine oral tablet 200 mg, 400<br>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,<br>600 MG                                   | NPB       |                       | felbamate                              |
| FINTEPLA ORAL SOLUTION 2.2<br>MG/ML                                      | FE        |                       | DIACOMIT, EPIDIOLEX                    |
| FYCOMPA ORAL SUSPENSION 0.5<br>MG/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.



| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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, 450 mg, 600 mg, 750 mg, 900 mg     | PG               | ST                           |                                                 |
| GABARONE ORAL TABLET 100 MG, 400 MG                                                      | FE               |                              | gabapentin                                      |
| 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               |                              |                                                 |
| lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg                                     | PG               |                              |                                                 |
| 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                                 |

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

| Drug Name                                                                                                                       | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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                            |
| 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        |                       |                                        |

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

| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| lamotrigine oral tablet extended release<br>24hr 100 mg, 200 mg, 25 mg, 250 mg,<br>300 mg, 50 mg      | PG               |                              |                                                 |
| lamotrigine oral tablet, chewable<br>dispersible 25 mg, 5 mg                                          | PG               |                              |                                                 |
| lamotrigine oral tablet, disintegrating 100<br>mg, 200 mg, 25 mg, 50 mg                               | PG               |                              |                                                 |
| lamotrigine oral tablets, dose pack 25 mg<br>(35), 25 mg (42) -100 mg (7), 25 mg<br>(84) -100 mg (14) | PG               |                              |                                                 |
| levetiracetam oral solution 100 mg/ml,<br>500 mg/5 ml (5 ml)                                          | PG               |                              |                                                 |
| levetiracetam oral tablet 1,000 mg, 250<br>mg, 500 mg, 750 mg                                         | PG               |                              |                                                 |
| levetiracetam oral tablet extended release<br>24 hr 500 mg, 750 mg                                    | PG               |                              |                                                 |
| LEVETIRACETAM ORAL TABLET<br>FOR SUSPENSION 250 MG, 500 MG                                            | FE               |                              | levetiracetam, levetiracetam                    |
| LYRICA CR ORAL TABLET<br>EXTENDED RELEASE 24 HR 165<br>MG, 330 MG, 82.5 MG                            | FE               |                              | pregabalin er                                   |
| LYRICA ORAL CAPSULE 100 MG,<br>150 MG, 200 MG, 225 MG, 25 MG, 300<br>MG, 50 MG, 75 MG                 | FE               |                              | pregabalin                                      |
| LYRICA ORAL SOLUTION 20<br>MG/ML                                                                      | FE               |                              | pregabalin                                      |
| methsuximide oral capsule 300 mg                                                                      | PG               |                              |                                                 |
| MOTPOLY XR ORAL<br>CAPSULE, EXTENDED RELEASE<br>24HR 100 MG, 150 MG, 200 MG                           | FE               |                              | lacosamide                                      |
| MYSOLINE ORAL TABLET 250 MG,<br>50 MG                                                                 | NPB              |                              | primidone                                       |
| NAYZILAM NASAL SPRAY, NON-<br>AEROSOL 5 MG/SPRAY (0.1 ML)                                             | PB               | QL                           |                                                 |
| NEURONTIN ORAL CAPSULE 100<br>MG, 300 MG, 400 MG                                                      | FE               |                              | gabapentin                                      |
| NEURONTIN ORAL SOLUTION 250<br>MG/5 ML                                                                | 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.

| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                     | FE               |                              | oxcarbazepine er                                |
| perampanel oral suspension 0.5 mg/ml                                                      | PG               |                              |                                                 |
| perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg                               | PG               |                              |                                                 |
| 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               | PA                           |                                                 |
| PRIMIDONE ORAL TABLET 125 MG                                                              | FE               |                              | primidone                                       |
| primidone oral tablet 250 mg, 50 mg                                                       | PG               |                              |                                                 |
| RELGAABI ORAL CAPSULE 200 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.

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| relgaabi oral capsule 300 mg, 400 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<br>500 MG                                             | FE               |                              | vigabatrin, vigadrone,<br>vigpoder              |
| SABRIL ORAL TABLET 500 MG                                                          | FE               |                              | vigabatrin                                      |
| SPRITAM ORAL TABLET FOR<br>SUSPENSION 1,000 MG, 250 MG, 500<br>MG, 750 MG          | NPB              | ST                           | levetiracetam, levetiracetam                    |
| SUBVENITE ORAL SUSPENSION 10<br>MG/ML                                              | FE               |                              | lamotrigine odt, lamotrigine                    |
| subvenite oral tablet 100 mg, 150 mg,<br>200 mg, 25 mg                             | PG               |                              |                                                 |
| subvenite starter (blue) kit oral<br>tablets,dose pack 25 mg (35)                  | PG               |                              |                                                 |
| subvenite starter (green) kit oral<br>tablets,dose pack 25 mg (84) -100 mg<br>(14) | PG               |                              |                                                 |
| subvenite starter (orange) kit oral<br>tablets,dose pack 25 mg (42) -100 mg<br>(7) | PG               |                              |                                                 |
| SYMPAZAN ORAL FILM 10 MG, 20<br>MG, 5 MG                                           | NPB              |                              | clobazam                                        |
| TEGRETOL ORAL SUSPENSION 100<br>MG/5 ML                                            | NPB              |                              | carbamazepine                                   |
| TEGRETOL ORAL TABLET 200 MG                                                        | NPB              |                              | carbamazepine                                   |
| TEGRETOL XR ORAL TABLET<br>EXTENDED RELEASE 12 HR 100<br>MG, 200 MG, 400 MG        | NPB              |                              | carbamazepine er                                |
| tiagabine oral tablet 12 mg, 16 mg, 2 mg,<br>4 mg                                  | PG               |                              |                                                 |
| TOPAMAX ORAL CAPSULE,<br>SPRINKLE 15 MG, 25 MG                                     | FE               |                              | topiramate                                      |
| TOPAMAX ORAL TABLET 100 MG,<br>200 MG, 25 MG, 50 MG                                | FE               |                              | topiramate                                      |
| topiramate oral capsule, sprinkle 15 mg,<br>25 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<br>PREFERRED<br>ALTERNATIVES                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------|
| topiramate oral capsule,extended release<br>24hr 100 mg, 200 mg, 25 mg, 50 mg                                                                        | PG        | ST                    |                                                                                                    |
| topiramate oral capsule,sprinkle,er 24hr<br>100 mg, 150 mg, 200 mg, 25 mg, 50 mg                                                                     | PG        | ST                    |                                                                                                    |
| topiramate oral solution 25 mg/ml                                                                                                                    | PG        |                       |                                                                                                    |
| topiramate oral tablet 100 mg, 200 mg,<br>25 mg, 50 mg                                                                                               | PG        |                       |                                                                                                    |
| TRILEPTAL ORAL SUSPENSION 300<br>MG/5 ML (60 MG/ML)                                                                                                  | FE        |                       | oxcarbazepine                                                                                      |
| TRILEPTAL ORAL TABLET 150 MG,<br>300 MG, 600 MG                                                                                                      | FE        |                       | oxcarbazepine                                                                                      |
| TROKENDI XR ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 100 MG, 200 MG, 25 MG, 50<br>MG                                                                 | NPB       | ST                    | topiramate, topiramate er                                                                          |
| valproic acid (as sodium salt) oral<br>solution 250 mg/5 ml, 500 mg/10 ml (10<br>ml)                                                                 | PG        |                       |                                                                                                    |
| valproic acid oral capsule 250 mg                                                                                                                    | PG        |                       |                                                                                                    |
| VALTOCO NASAL SPRAY,NON-<br>AEROSOL 10 MG/SPRAY (0.1 ML),<br>15 MG/2 SPRAY (7.5/0.1ML X 2), 20<br>MG/2 SPRAY (10MG/0.1ML X2), 5<br>MG/SPRAY (0.1 ML) | PB        | QL                    |                                                                                                    |
| vigabatrin oral powder in packet 500 mg                                                                                                              | PS        | QL; LA                |                                                                                                    |
| vigabatrin oral tablet 500 mg                                                                                                                        | PS        | QL; LA                |                                                                                                    |
| vigadrone oral powder in packet 500 mg                                                                                                               | PS        | QL                    |                                                                                                    |
| vigadrone oral tablet 500 mg                                                                                                                         | PS        | QL                    |                                                                                                    |
| VIGAFYDE ORAL SOLUTION 100<br>MG/ML                                                                                                                  | FE        |                       | vigabatrin                                                                                         |
| VIMPAT ORAL SOLUTION 10<br>MG/ML                                                                                                                     | FE        |                       | lacosamide                                                                                         |
| VIMPAT ORAL TABLET 100 MG, 150<br>MG, 200 MG, 50 MG                                                                                                  | FE        |                       | lacosamide                                                                                         |
| XCOPRI MAINTENANCE PACK<br>ORAL TABLET 250MG/DAY(150 MG<br>X1-100MG X1), 350 MG/DAY (200<br>MG X1-150MG X1)                                          | NPB       | QL                    | gabapentin, lacosamide,<br>lamotrigine, levetiracetam,<br>oxcarbazepine, topiramate,<br>zonisamide |

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

| Drug Name                                                                                                                 | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                    |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------|
| 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                    |                                                                                           |
| <b>ANTIPARKINSONISM AGENTS</b>                                                                                            |           |                       |                                                                                           |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML                                                                                    | FE        |                       |                                                                                           |
| 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 CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG                   | FE        |                       | carbidopa-levodopa er                                                                     |
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg                                                            | PG        |                       |                                                                                           |

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

| <b>Drug Name</b>                                                                                                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------------------------|
| 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, carbidopa-levodopa er                          |
| 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                                                                              |
| 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                                                                                                          | FE               |                              | 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               |                              |                                                                                        |

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



| Drug Name                                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| pramipexole oral tablet extended release<br>24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25<br>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<br>mg, 2 mg, 3 mg, 4 mg, 5 mg                                        | PG        |                       |                                        |
| ropinirole oral tablet extended release 24<br>hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg                                 | PG        |                       |                                        |
| RYTARY ORAL CAPSULE,<br>EXTENDED RELEASE 23.75-95 MG,<br>36.25-145 MG, 48.75-195 MG, 61.25-<br>245 MG          | NPB       | ST                    | carbidopa-levodopa er                  |
| selegiline hcl oral capsule 5 mg                                                                               | PG        |                       |                                        |
| selegiline hcl oral tablet 5 mg                                                                                | PG        |                       |                                        |
| SINEMET ORAL TABLET 10-100<br>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.<br>SUBCUTANEOUS INFUSION<br>SOLUTION 12-240 MG/ML                                               | FE        |                       | carbidopa-levodopa er                  |
| XADAGO ORAL TABLET 100 MG, 50<br>MG                                                                            | FE        |                       | rasagiline mesylate, selegiline<br>hcl |
| ZELAPAR ORAL<br>TABLET,DISINTEGRATING 1.25 MG                                                                  | FE        |                       | rasagiline mesylate, selegiline<br>hcl |
| <b>MIGRAINE &amp; CLUSTER<br/>HEADACHE THERAPY</b>                                                             |           |                       |                                        |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML                                      | PB        | PA; ST                |                                        |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>225 MG/1.5 ML                                              | PB        | PA; ST                |                                        |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                                            | PB        | PA; ST                |                                        |

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

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                             |
|------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| almotriptan malate oral tablet 12.5 mg, 6.25 mg                              | PG               | ST; QL                       |                                                                                                                                             |
| BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML                                   | FE               |                              | almotriptan malate, dihydroergotamine mesylate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate |
| CAFERGOT ORAL TABLET 1-100 MG                                                | NPB              |                              | ergotamine-caffeine                                                                                                                         |
| 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               |                              |                                                                                                                                             |
| 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                                                                                                                       |
| 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                                                                                                                                 |

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

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                   |
|---------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------|
| 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                       |                                                                                                   |
| RELPAK ORAL TABLET 20 MG, 40 MG                                     | FE               |                              | eletriptan hbr                                                                                    |
| 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 pen injector 6 mg/0.5 ml         | PG               | QL                           |                                                                                                   |
| sumatriptan succinate subcutaneous solution 6 mg/0.5 ml             | PG               | QL                           |                                                                                                   |
| sumatriptan-naproxen oral tablet 85-500 mg                          | FE               |                              | naproxen, naproxen sodium, sumatriptan succinate                                                  |
| SYMBRAVO ORAL TABLET 10-20 MG                                       | NPB              | ST; QL                       | meloxicam, rizatriptan, etodolac, ibuprofen, naratriptan hcl, sumatriptan succinate, zolmitriptan |
| TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION                     | NPB              | ST; QL                       | sumatriptan, zolmitriptan, ZOMIG                                                                  |
| TREXIMET ORAL TABLET 85-500 MG                                      | FE               |                              | naproxen, naproxen sodium, sumatriptan succinate                                                  |

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

| Drug Name                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                    |
|----------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) | FE        |                       | almotriptan malate, dihydroergotamine mesylate, eletriptan hbr, frovatriptan succinate, naratriptan hcl, rizatriptan, sumatriptan succinate, zolmitriptan |
| 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                                                                                                                                              |
| <b>MISCELLANEOUS<br/>NEUROLOGICAL THERAPY</b>                  |           |                       |                                                                                                                                                           |
| 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        | 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<br>PREFERRED<br>ALTERNATIVES     |
|-----------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------|
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG                                                              | NPB       | ST                    | donepezil hcl                              |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG                                                               | FE        |                       | tetrabenazine, INGREZZA, INGREZZA SPRINKLE |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | FE        |                       | tetrabenazine, INGREZZA, INGREZZA SPRINKLE |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG                   | FE        |                       | tetrabenazine, INGREZZA, INGREZZA SPRINKLE |
| dalfampridine oral tablet extended release 12 hr 10 mg                                              | PS        | PA; QL; LA            |                                            |
| DAYBUE ORAL SOLUTION 200 MG/ML                                                                      | FE        |                       |                                            |
| DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG                                      | 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                                                         | 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        |                       |                                            |
| 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        |                       |                                            |

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

| <b>Drug Name</b>                                                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>         |
|--------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------|
| galantamine oral tablet 12 mg, 4 mg, 8 mg                                            | PG               |                              |                                                         |
| HORIZANT ORAL TABLET<br>EXTENDED RELEASE 300 MG, 600 MG                              | NPB              | ST                           | gabapentin, gabapentin er,<br>pregabalin, pregabalin er |
| INGREZZA INITIATION<br>PK(TARDIV) ORAL CAPSULE,DOSE<br>PACK 40 MG (7)- 80 MG (21)    | PS               | PA; QL                       |                                                         |
| INGREZZA ORAL CAPSULE 40 MG,<br>60 MG, 80 MG                                         | PS               | PA; QL                       |                                                         |
| INGREZZA SPRINKLE ORAL<br>CAPSULE, SPRINKLE 40 MG, 60 MG,<br>80 MG                   | PS               | PA; QL                       |                                                         |
| KEVEYIS ORAL TABLET 50 MG                                                            | FE               |                              | dichlorphenamide, ormalvi                               |
| KISUNLA INTRAVENOUS<br>SOLUTION 17.5 MG/ML                                           | FE               |                              |                                                         |
| LEQEMBI INTRAVENOUS<br>SOLUTION 100 MG/ML                                            | FE               |                              |                                                         |
| LEQEMBI IQLIK SUBCUTANEOUS<br>AUTO-INJECTOR 360 MG/1.8 ML                            | FE               |                              |                                                         |
| memantine oral capsule,sprinkle,er 24hr<br>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<br>TABLETS,DOSE PACK 5-10 MG                                          | NPB              |                              | memantine hcl                                           |
| memantine-donepezil oral<br>capsule,sprinkle,er 24hr 14-10 mg, 21-10<br>mg, 28-10 mg | PG               | ST                           |                                                         |
| MIPLYFFA ORAL CAPSULE 124 MG,<br>47 MG, 62 MG, 93 MG                                 | FE               |                              | AQNEURSA                                                |
| NAMENDA XR ORAL<br>CAP,SPRINKLE,ER 24HR DOSE<br>PACK 7-14-21-28 MG                   | NPB              |                              | memantine hcl er                                        |
| NAMENDA XR ORAL<br>CAPSULE,SPRINKLE,ER 24HR 7 MG                                     | FE               |                              | 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<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| NAMZARIC ORAL<br>CAPSULE,SPRINKLE,ER 24HR 14-10<br>MG, 21-10 MG, 28-10 MG, 7-10 MG           | PB        | ST                    |                                        |
| NUEDEXTA ORAL CAPSULE 20-10<br>MG                                                            | PB        |                       |                                        |
| NULIBRY INTRAVENOUS RECON<br>SOLN 9.5 MG                                                     | NPS       | PA                    |                                        |
| ONPATTRO INTRAVENOUS<br>SOLUTION 2 MG/ML                                                     | FE        |                       | AMVUTTRA                               |
| ormalvi oral tablet 50 mg                                                                    | PS        | PA                    |                                        |
| QALSODY INTRATHECAL<br>SOLUTION 100 MG/15 ML (6.7<br>MG/ML)                                  | FE        |                       |                                        |
| RADICAVA INTRAVENOUS<br>SOLUTION 30 MG/100 ML                                                | PS        | PA                    |                                        |
| RADICAVA ORS STARTER KIT<br>SUSP ORAL SUSPENSION 105 MG/5<br>ML                              | PS        | PA; LA                |                                        |
| rivastigmine tartrate oral capsule 1.5 mg,<br>3 mg, 4.5 mg, 6 mg                             | PG        |                       |                                        |
| rivastigmine transdermal patch 24 hour<br>13.3 mg/24 hour, 4.6 mg/24 hour, 9.5<br>mg/24 hour | PG        |                       |                                        |
| SKYCLARYS ORAL CAPSULE 50<br>MG                                                              | NPS       | PA                    |                                        |
| SKYSONA INTRAVENOUS<br>SUSPENSION 4 X TO 30 X 10EXP6<br>CELL/ML                              | PS        | PA                    |                                        |
| SPINRAZA (PF) INTRATHECAL<br>SOLUTION 12 MG/5 ML                                             | PS        | PA; QL; LA            |                                        |
| SPINRAZA (PF) INTRATHECAL<br>SOLUTION 28 MG/5 ML, 50 MG/5 ML                                 | PS        | PA; LA                |                                        |
| tetrabenazine oral tablet 12.5 mg, 25 mg                                                     | PS        | PA; QL; LA            |                                        |
| TYRUKO INTRAVENOUS<br>SOLUTION 300 MG/15 ML                                                  | PS        | PA; QL; LA            |                                        |
| TYSABRI INTRAVENOUS<br>SOLUTION 300 MG/15 ML                                                 | PS        | PA; QL; LA            |                                        |

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

| Drug Name                                                                               | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                      |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------|
| VILTEPSO INTRAVENOUS<br>SOLUTION 50 MG/ML                                               | FE        |                       |                                                             |
| VYONDYS-53 INTRAVENOUS<br>SOLUTION 50 MG/ML                                             | FE        |                       |                                                             |
| WAINUA SUBCUTANEOUS AUTO-<br>INJECTOR 45 MG/0.8 ML                                      | FE        |                       | AMVUTTRA                                                    |
| WAINUA SUBCUTANEOUS<br>SYRINGE 45 MG/0.8 ML                                             | FE        |                       | AMVUTTRA                                                    |
| XENAZINE ORAL TABLET 12.5 MG,<br>25 MG                                                  | FE        |                       | tetrabenazine                                               |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                            | PS        | PA; QL; LA            |                                                             |
| ZEPOSIA STARTER KIT (28-DAY)<br>ORAL CAPSULE,DOSE PACK 0.23<br>MG-0.46 MG -0.92 MG (21) | PS        | PA; QL; LA            |                                                             |
| ZEPOSIA STARTER PACK (7-DAY)<br>ORAL CAPSULE,DOSE PACK 0.23<br>MG (4)- 0.46 MG (3)      | PS        | PA; QL; LA            |                                                             |
| ZOLGENSMA INTRAVENOUS KIT 2<br>X 10EXP13 VG/ML                                          | PS        | PA; LA                |                                                             |
| ZUNVEYL ORAL<br>TABLET,DELAYED RELEASE<br>(DR/EC) 10 MG, 15 MG, 5 MG                    | FE        |                       | donepezil hcl, galantamine,<br>galantamine er, rivastigmine |
| <b>MUSCLE RELAXANTS &amp;<br/>ANTISPASMODIC THERAPY</b>                                 |           |                       |                                                             |
| AMRIX ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 15 MG, 30 MG                             | FE        |                       | cyclobenzaprine hcl 5 mg or<br>10mg                         |
| ATMEKSI ORAL SUSPENSION 750<br>MG/5 ML                                                  | FE        |                       | methocarbamol                                               |
| baclofen oral solution 10 mg/5 ml (2<br>mg/ml), 5 mg/5 ml                               | PG        | ST                    |                                                             |
| baclofen oral suspension 25 mg/5 ml (5<br>mg/ml)                                        | PG        |                       |                                                             |
| baclofen oral tablet 10 mg, 15 mg, 20<br>mg, 5 mg                                       | PG        |                       |                                                             |
| carisoprodol oral tablet 250 mg, 350 mg                                                 | NPG       |                       | metaxalone, tizanidine hcl                                  |
| carisoprodol-aspirin-codeine oral tablet<br>200-325-16 mg                               | NPG       | PA; QL                | metaxalone, tizanidine 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.



| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                      |
|-----------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------|
| chlorzoxazone oral tablet 250 mg, 750 mg                        | FE               |                              | chlorzoxazone 500mg                                                  |
| chlorzoxazone oral tablet 375 mg                                | FE               |                              |                                                                      |
| chlorzoxazone oral tablet 500 mg                                | PG               |                              |                                                                      |
| cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg | FE               |                              | cyclobenzaprine 5 mg or 10mg                                         |
| cyclobenzaprine oral tablet 10 mg, 5 mg                         | PG               |                              |                                                                      |
| cyclobenzaprine oral tablet 7.5 mg                              | FE               |                              | cyclobenzaprine 5mg or 10mg                                          |
| 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 5 mg or 10mg                                     |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)                   | FE               |                              | baclofen                                                             |
| IMAAVY INTRAVENOUS SOLUTION 185 MG/ML                           | FE               |                              |                                                                      |
| 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               |                              |                                                                      |

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

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                 |
|------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------|
| NORGESIC FORTE ORAL TABLET<br>50-770-60 MG                       | FE               |                              | orphenadrine citrate,<br>orphenadrine ER OTC<br>asprin/caffeine |
| NORGESIC ORAL TABLET 25-385-30<br>MG                             | FE               |                              | orphenadrine citrate,<br>orphenadrine ER OTC<br>asprin/caffeine |
| ONTRALFY ORAL SOLUTION 2<br>MG/5 ML                              | FE               |                              | tizanidine hcl                                                  |
| orphenadrine citrate oral tablet extended<br>release 100 mg      | PG               |                              |                                                                 |
| orphenadrine-asa-caffeine oral tablet 25-<br>385-30 mg           | FE               |                              | orphenadrine citrate,<br>orphenadrine ER OTC<br>asprin/caffeine |
| orphengesic forte oral tablet 50-770-60<br>mg                    | FE               |                              | orphenadrine citrate,<br>orphenadrine ER OTC<br>asprin/caffeine |
| OZOBAX DS ORAL SOLUTION 10<br>MG/5 ML (2 MG/ML)                  | FE               |                              | baclofen                                                        |
| OZOBAX ORAL SOLUTION 5 MG/5<br>ML                                | FE               |                              | baclofen                                                        |
| pyridostigmine bromide oral syrup 60<br>mg/5 ml                  | PG               |                              |                                                                 |
| PYRIDOSTIGMINE BROMIDE ORAL<br>TABLET 30 MG                      | NPB              |                              | pyridostigmine bromide                                          |
| pyridostigmine bromide oral tablet 60<br>mg                      | PG               |                              |                                                                 |
| PYRIDOSTIGMINE BROMIDE ORAL<br>TABLET EXTENDED RELEASE 105<br>MG | NPB              |                              |                                                                 |
| pyridostigmine bromide oral tablet<br>extended release 180 mg    | PG               |                              |                                                                 |
| RYSTIGGO SUBCUTANEOUS<br>SOLUTION 140 MG/ML                      | FE               |                              |                                                                 |
| SOMA ORAL TABLET 250 MG, 350<br>MG                               | NPB              |                              | metaxalone, tizanidine hcl                                      |
| tanlor oral tablet 1,000 mg                                      | PG               |                              |                                                                 |
| tizanidine oral capsule 2 mg, 4 mg, 6 mg                         | FE               |                              | tizandine tablets                                               |
| TIZANIDINE ORAL CAPSULE 8 MG                                     | FE               |                              | tizanidine 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<br>PREFERRED<br>ALTERNATIVES      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------|
| tizanidine oral tablet 2 mg, 4 mg                                                                                                                           | PG        |                       |                                             |
| TONMYA SUBLINGUAL TABLET 2.8 MG                                                                                                                             | FE        |                       | duloxetine hcl, milnacipran hcl, pregabalin |
| 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                |                                             |
| 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 CAPSULE 8 MG                                                                                                                                  | FE        |                       | 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                                     |
| <b>NARCOTIC ANALGESICS</b>                                                                                                                                  |           |                       |                                             |
| 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                    |                                             |

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

| <b>Drug Name</b>                                                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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               |                              |                                                 |
| 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 solution 50-325-40 mg/15 ml                                         | 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-bitalbital-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                       |                                                 |

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

| Drug Name                                                                                                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                              |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------|
| 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-acetaminophen-caffe                                      |
| hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg                                       | PG        | ST; QL                |                                                                     |
| hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg                       | PG        | ST; QL                |                                                                     |
| hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 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                                          | NPB       | ST; QL                | hydrocodone bitartrate er                                           |
| 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<br>PREFERRED<br>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 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                                                       | FE        |                       | oxycodone-acetaminophen 2.5-325mg tablets                                            |
| 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 20 MG, 40 MG, 80 MG                    | FE        |                       | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml                                 | PG        | PA; QL                |                                                                                      |

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

| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                      |
|---------------------------------------------------------------------------------------------------|------------------|------------------------------|--------------------------------------------------------------------------------------|
| oxycodone-acetaminophen oral tablet 10-300 mg                                                     | FE               |                              | oxycodone-acetaminophen 10-325mg 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                                                    | FE               |                              | oxycodone-acetaminophen 2.5-325mg tablets                                            |
| oxycodone-acetaminophen oral tablet 5-300 mg                                                      | FE               |                              | oxycodone-acetaminophen 5-325mg tablets                                              |
| oxycodone-acetaminophen oral tablet 7.5-300 mg                                                    | FE               |                              | oxycodone-acetaminophen 7.5-325mg tablets                                            |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | FE               |                              | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er |
| 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, 5-325 MG, 7.5-325 MG                                              | FE               |                              | oxycodone-acetaminophen                                                              |
| PRIMLEV ORAL TABLET 10-300 MG                                                                     | FE               |                              | oxycodone-acetaminophen 10-325mg tablets                                             |
| PRIMLEV ORAL TABLET 5-300 MG                                                                      | FE               |                              | oxycodone-acetaminophen 5-325mg tablets                                              |
| PRIMLEV ORAL TABLET 7.5-300 MG                                                                    | FE               |                              | oxycodone-acetaminophen 7.5-325mg tablets                                            |
| PROLATE ORAL SOLUTION 10-300 MG/5 ML                                                              | FE               |                              | oxycodone-acetaminophen                                                              |
| prolate oral tablet 10-300 mg                                                                     | FE               |                              | oxycodone-acetaminophen 10-325mg tablets                                             |
| prolate oral tablet 5-300 mg                                                                      | FE               |                              | oxycodone-acetaminophen 5-325mg tablets                                              |
| prolate oral tablet 7.5-300 mg                                                                    | FE               |                              | oxycodone-acetaminophen 7.5-325mg tablets                                            |
| ROXICODONE ORAL TABLET 15 MG, 30 MG                                                               | NPB              | PA; QL                       | oxycodone 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<br>PREFERRED<br>ALTERNATIVES                                               |
|------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------|
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG                          | FE        |                       | oxycodone 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  | NPB       | ST; QL                | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er |
| <b>NON-NARCOTIC ANALGESICS</b>                                                     |           |                       |                                                                                      |
| 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,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        |                       |                                                                                      |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg                          | PG        |                       |                                                                                      |
| butorphanol injection solution 1 mg/ml, 2 mg/ml                                    | PG        | PA; QL                |                                                                                      |

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



| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                               |
|---------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------|
| butorphanol nasal spray,non-aerosol 10 mg/ml                              | PG               | PA; QL                       |                                                                                               |
| CAMBIA ORAL POWDER IN PACKET 50 MG                                        | NPB              | ST; QL                       | diclofenac potassium                                                                          |
| 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 |
| 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               |                              |                                                                                               |
| 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 gel 1 %                                         | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                            |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 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        |                       |                                                                                                                                                   |
| DITHOL TOPICAL COMBO PACK 1.5-10 %                                                      | FE        |                       |                                                                                                                                                   |
| DOLOBID ORAL TABLET 250 MG                                                              | FE        |                       | diclofenac sodium, diflunisal, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, etodolac, flurbiprofen, ketoprofen, oxaprozin, piroxicam |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                   |
|--------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------|
| DOLOBID ORAL TABLET 375 MG                                         | FE        |                       | diclofenac sodium, diflunisal, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen  |
| 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.

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>         |
|----------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------|
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML                     | FE               |                              | MONOVISC, ORTHOVISC                                     |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML                  | FE               |                              | MONOVISC, ORTHOVISC                                     |
| GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML                   | FE               |                              | MONOVISC, ORTHOVISC                                     |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML                      | FE               |                              | MONOVISC, ORTHOVISC                                     |
| HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML                       | FE               |                              | MONOVISC, ORTHOVISC                                     |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML                     | FE               |                              | MONOVISC, ORTHOVISC                                     |
| HYMOVIS ONE INTRA-ARTICULAR SYRINGE 32 MG/4 ML                 | FE               |                              | MONOVISC, ORTHOVISC                                     |
| 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 300 mg, 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               |                              | indomethacin, ibuprofen suspension, naproxen suspension |
| 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                           |                                                         |
| INDOMETHACIN RECTAL SUPPOSITORY 100 MG                         | FE               |                              |                                                         |
| indomethacin rectal suppository 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INFLAMMA-K TOPICAL KIT,<br>PATCH, SOLUTION DROPS 1.5-10-6-<br>3.1 % | FE        |                       | diclofenac sodium                                                                                                                                                                                                                                                                    |
| JOURNAVX ORAL TABLET 50 MG                                          | NPB       | QL                    | acetaminophen, diclofenac<br>sodium, ibuprofen,<br>indomethacin, meloxicam,<br>nabumetone, naproxen                                                                                                                                                                                  |
| KERAXA TOPICAL GEL 3-2-4 %                                          | FE        |                       |                                                                                                                                                                                                                                                                                      |
| ketoprofen oral capsule 25 mg                                       | FE        |                       | Prescription-strength, oral<br>NSAIDs. Examples include:<br>fenoprofen (tablets/generic),<br>diclofenac (Voltaren XR,<br>generics), ibuprofen (e.g.,<br>Motrin, generics), naproxen<br>(e.g., Naprosyn, Naprelan,<br>generics), etodolac (generics),<br>meloxicam (Mobic, generics), |
| ketoprofen oral capsule 50 mg, 75 mg                                | PG        |                       |                                                                                                                                                                                                                                                                                      |
| ketoprofen oral capsule,ext rel. pellets 24<br>hr 200 mg            | PG        | ST                    |                                                                                                                                                                                                                                                                                      |
| ketorolac oral tablet 10 mg                                         | PG        | QL                    |                                                                                                                                                                                                                                                                                      |
| KLOXXADO NASAL SPRAY, NON-<br>AEROSOL 8 MG/ACTUATION                | PB        | QL                    |                                                                                                                                                                                                                                                                                      |
| LEXTOL TOPICAL COMBO<br>PACK, SOLUTION AND CREAM 1.5-<br>0.025 %    | FE        |                       |                                                                                                                                                                                                                                                                                      |
| LICART TRANSDERMAL PATCH 24<br>HOUR 1.3 %                           | PB        | ST; QL                |                                                                                                                                                                                                                                                                                      |
| LIFEMS NALOXONE INJECTION<br>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<br>MG, 4.5 MG                            | NPB       |                       |                                                                                                                                                                                                                                                                                      |
| LUCEMYRA ORAL TABLET 0.18 MG                                        | FE        |                       | lofexidine hcl                                                                                                                                                                                                                                                                       |
| lurbiro oral tablet 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.

| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                           |                                                 |
| 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                           |                                                 |

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

| Drug Name                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                        |
|-------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------|
| 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                                                                                  |
| 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          |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG                                            | FE        |                       | tapentadol hcl                                                                                |
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION                                      | NPB       |                       | naloxone hcl, KLOXXADO, REXTOVY                                                               |
| ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %                               | FE        |                       |                                                                                               |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML                                        | PS        | PA; LA                |                                                                                               |
| ORTHREXO TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %                                | FE        |                       |                                                                                               |
| ORUDIS ORAL CAPSULE 75 MG                                                           | NPB       | ST                    | ketoprofen                                                                                    |
| OXAPROZIN ORAL CAPSULE 300 MG                                                       | FE        |                       | oxaprozin, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone |
| oxaprozin oral tablet 600 mg                                                        | PG        |                       |                                                                                               |
| 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        |                       |                                                                                               |

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

| Drug Name                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                              |
|-------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------|
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY                                       | FE        |                       | diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen |
| st joseph aspirin oral tablet, chewable 81 mg                                       | PG        | ACA                   |                                                                                                     |
| st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg                       | NPG       | ACA                   |                                                                                                     |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG                          | FE        |                       | buprenorphine-naloxone                                                                              |
| sulindac oral tablet 150 mg, 200 mg                                                 | PG        |                       |                                                                                                     |
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML                                         | FE        |                       | MONOVISC, ORTHOVISC                                                                                 |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML                                          | FE        |                       | MONOVISC, ORTHOVISC                                                                                 |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML                                      | FE        |                       | MONOVISC, ORTHOVISC                                                                                 |
| tapentadol oral tablet 100 mg, 50 mg, 75 mg                                         | PG        | PA; QL                |                                                                                                     |
| TAPENTADOL 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                |
| TOLECTIN 600 ORAL TABLET 600 MG                                                     | NPB       | ST                    |                                                                                                     |
| tolectin ds oral capsule 400 mg                                                     | PG        | 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        |                       |                                                                                                     |
| torvex topical kit, cream and solution 1.5-15-10 %                                  | 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                                                                                     |

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



| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                               |
|--------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 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               |                              |                                                                                                                               |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML                          | FE               |                              | MONOVISC, ORTHOVISC                                                                                                           |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML                           | FE               |                              | MONOVISC, ORTHOVISC                                                                                                           |
| VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %  | FE               |                              |                                                                                                                               |
| VENNGEL II TOPICAL KIT 1 %                                         | FE               |                              |                                                                                                                               |
| VENNGEL ONE TOPICAL KIT 1 %                                        | FE               |                              |                                                                                                                               |
| 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, naproxen, piroxicam, indomethacin |
| VYSCOXIA ORAL SUSPENSION 10 MG/ML                                  | FE               |                              | celecoxib                                                                                                                     |
| XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %                   | FE               |                              | diclofenac sodium                                                                                                             |

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| ZICLOCIN TOPICAL KIT, CREAM<br>AND SOLUTION 1.5-0.025 %                                                       | FE        |                       |                                                                                                                                              |
| ZICLOPRO TOPICAL COMBO<br>PACK,SOLUTION AND CREAM 1.5-<br>0.025 %                                             | FE        |                       |                                                                                                                                              |
| ZIMHI INJECTION SYRINGE 5<br>MG/0.5 ML                                                                        | FE        |                       | naloxone hcl                                                                                                                                 |
| ZIPSOR ORAL CAPSULE 25 MG                                                                                     | FE        |                       | diclofenac potassium                                                                                                                         |
| ZORVOLEX ORAL CAPSULE 18 MG,<br>35 MG                                                                         | FE        |                       | diclofenac potassium,<br>etodolac, flurbiprofen,<br>ibuprofen, ketoprofen,<br>meloxicam, nabumetone,<br>naproxen, piroxicam,<br>indomethacin |
| ZUBSOLV SUBLINGUAL TABLET<br>0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9<br>MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1<br>MG | PB        |                       |                                                                                                                                              |
| ZURNAI INJECTION AUTO-<br>INJECTOR 1.5 MG/0.5 ML                                                              | FE        |                       | naloxone hcl, naloxone hcl,<br>KLOXXADO                                                                                                      |
| ZYBIC ORAL SUSPENSION 7.5 MG/5<br>ML                                                                          | FE        |                       | ibuprofen, naproxen                                                                                                                          |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                                                                                |           |                       |                                                                                                                                              |
| ABILIFY ORAL TABLET 10 MG, 15<br>MG, 2 MG, 20 MG, 30 MG, 5 MG                                                 | FE        |                       | aripiprazole                                                                                                                                 |
| ADASUVE INHALATION AEROSOL<br>POWDR BREATH ACTIVATED 10<br>MG                                                 | NPB       |                       |                                                                                                                                              |
| ADDERALL ORAL TABLET 10 MG,<br>12.5 MG, 15 MG, 20 MG, 30 MG, 5<br>MG, 7.5 MG                                  | FE        |                       | dextroamphetamine-<br>amphetamine                                                                                                            |
| ADDERALL XR ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 10 MG, 15 MG, 20 MG, 25 MG,<br>30 MG, 5 MG               | FE        |                       | dextroamphetamine-amphet er                                                                                                                  |
| ADZENYS XR-ODT ORAL<br>TABLET,DISINTEG ER BIPHASE<br>24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1<br>MG, 6.3 MG, 9.4 MG | NPB       |                       | dextroamphetamine-amphet<br>er, lisdexamfetamine<br>dimesylate                                                                               |

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

| Drug Name                                                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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 oral tablet,disinteg er biphasic 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 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                           |
| 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                    |                                        |

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

| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                      |
|---------------------------------------------------------------------------|------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg                     | PG               | PA                           |                                                                                                                                      |
| ARYNTA ORAL SOLUTION 10 MG/ML                                             | FE               |                              | amphetamine er odt, citalopram hbr, dextroamphetamine-amphet er, imipramine hcl, lisdexamfetamine dimesylate, topiramate, zonisamide |
| 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               |                              | buspirone hcl                                                                                                                        |
| 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               |                              |                                                                                                                                      |
| BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG            | 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<br>PREFERRED<br>ALTERNATIVES                                                                                     |
|---------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------|
| BYSANTI TITRATION PACK A<br>ORAL TABLETS,DOSE PACK<br>1MG(2)-2MG(2)- 4MG(2)-6MG(2)    | FE        |                       |                                                                                                                            |
| BYSANTI TITRATION PACK B<br>ORAL TABLETS,DOSE PACK 1<br>MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | FE        |                       |                                                                                                                            |
| BYSANTI TITRATION PACK C<br>ORAL TABLETS,DOSE PACK 1<br>MG(4)-2MG(2)- 6 MG (2)        | FE        |                       |                                                                                                                            |
| CAPLYTA ORAL CAPSULE 10.5 MG,<br>21 MG, 42 MG                                         | NPB       | QL                    | aripiprazole, asenapine<br>maleate, lurasidone hcl,<br>olanzapine, quetiapine<br>fumarate, risperidone,<br>ziprasidone hcl |
| CELEXA ORAL TABLET 10 MG, 20<br>MG, 40 MG                                             | FE        |                       | citalopram hbr                                                                                                             |
| chlordiazepoxide hcl oral capsule 10 mg,<br>25 mg, 5 mg                               | PG        |                       |                                                                                                                            |
| chlorpromazine oral concentrate 100<br>mg/ml, 30 mg/ml                                | PG        |                       |                                                                                                                            |
| chlorpromazine oral tablet 10 mg, 100<br>mg, 200 mg, 25 mg, 50 mg                     | PG        |                       |                                                                                                                            |
| citalopram oral capsule 30 mg                                                         | PG        | ST; QL                |                                                                                                                            |
| citalopram oral solution 10 mg/5 ml                                                   | PG        |                       |                                                                                                                            |
| citalopram oral tablet 10 mg, 20 mg, 40<br>mg                                         | PG        | QL                    |                                                                                                                            |
| clomipramine oral capsule 25 mg, 50<br>mg, 75 mg                                      | PG        |                       |                                                                                                                            |
| clonidine hcl oral tablet extended release<br>12 hr 0.1 mg                            | PG        |                       |                                                                                                                            |
| clorazepate dipotassium oral tablet 15<br>mg, 3.75 mg, 7.5 mg                         | PG        |                       |                                                                                                                            |
| clozapine oral tablet 100 mg, 200 mg, 25<br>mg, 50 mg                                 | PG        |                       |                                                                                                                            |
| clozapine oral tablet,disintegrating 100<br>mg, 12.5 mg, 150 mg, 200 mg, 25 mg        | PG        |                       |                                                                                                                            |
| CLOZARIL ORAL TABLET 100 MG,<br>25 MG                                                 | NPB       |                       | clozapine                                                                                                                  |

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

| Drug Name                                                                                               | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                         |
|---------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------|
| 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 |
| 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 er (la), AZSTARYS       |
| 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, 15 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        |                       |                                                                                                                |

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

| <b>Drug Name</b>                                                                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                          |
|-----------------------------------------------------------------------------------------------------------|------------------|------------------------------|--------------------------------------------------------------------------|
| dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg                                                        | PG               |                              |                                                                          |
| dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg                               | PG               |                              |                                                                          |
| dextroamphetamine sulfate oral solution 5 mg/5 ml                                                         | PG               |                              |                                                                          |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 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               |                              |                                                                          |

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

| Drug Name                                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                |
|-----------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------|
| DYANAVEL XR ORAL SUSPEN, IR -<br>ER, BIPHASIC 24HR 2.5 MG/ML                      | FE        |                       | amphetamine er odt,<br>dextroamphetamine-amphet<br>er, lisdexamfetamine<br>dimesylate                                 |
| DYANAVEL XR ORAL TABLET, IR -<br>ER, BIPHASIC 24HR 10 MG, 15 MG,<br>20 MG, 5 MG   | FE        |                       | amphetamine er odt,<br>dextroamphetamine-amphet<br>er, lisdexamfetamine<br>dimesylate                                 |
| EDLUAR SUBLINGUAL TABLET 10<br>MG, 5 MG                                           | NPB       | ST                    | eszopiclone, zaleplon,<br>zolpidem tartrate                                                                           |
| EFFEXOR XR ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 150 MG, 37.5 MG, 75 MG        | FE        |                       | venlafaxine hcl er                                                                                                    |
| EMSAM TRANSDERMAL PATCH 24<br>HOUR 12 MG/24 HR, 6 MG/24 HR, 9<br>MG/24 HR         | NPB       |                       | phenelzine sulfate,<br>tranlycypromine sulfate                                                                        |
| ergoloid oral tablet 1 mg                                                         | PG        |                       |                                                                                                                       |
| ESCITALOPRAM OXALATE ORAL<br>CAPSULE 15 MG                                        | FE        |                       | escitalopram oxalate                                                                                                  |
| escitalopram oxalate oral solution 5<br>mg/5 ml                                   | PG        | ST                    |                                                                                                                       |
| escitalopram oxalate oral tablet 10 mg,<br>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<br>MG                                                 | FE        |                       | amphetamine sulfate                                                                                                   |
| EXXUA ORAL TABLET EXTENDED<br>RELEASE 24 HR 18.2 MG, 36.3 MG,<br>54.5 MG, 72.6 MG | FE        |                       | amitriptyline hcl, bupropion<br>hcl, duloxetine hcl,<br>mirtazapine, sertraline hcl,<br>trazodone hcl, vilazodone hcl |
| EXXUA ORAL TABLET, EXT REL<br>24HR DOSE PACK 18.2 MG (32<br>TABS)                 | FE        |                       | amitriptyline hcl, bupropion<br>hcl, duloxetine hcl,<br>mirtazapine, sertraline hcl,<br>trazodone hcl, vilazodone 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<br>PREFERRED<br>ALTERNATIVES                                                                         |
|--------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------|
| 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 TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)    | FE        |                       | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | FE        |                       | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (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                    |                                                                                                                |
| 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        |                       |                                                                                                                |

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

| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| flurazepam oral capsule 15 mg, 30 mg                                                                     | PG               |                              |                                                 |
| fluvoxamine oral capsule,extended<br>release 24hr 100 mg, 150 mg                                         | PG               | ST; QL                       |                                                 |
| fluvoxamine oral tablet 100 mg, 25 mg,<br>50 mg                                                          | PG               | QL                           |                                                 |
| FOCALIN ORAL TABLET 10 MG, 2.5<br>MG, 5 MG                                                               | FE               |                              | dexmethylphenidate hcl                          |
| FOCALIN XR ORAL CAPSULE,ER<br>BIPHASIC 50-50 10 MG, 15 MG, 20<br>MG, 25 MG, 30 MG, 35 MG, 40 MG, 5<br>MG | FE               |                              | dexmethylphenidate hcl er                       |
| GEODON ORAL CAPSULE 20 MG, 40<br>MG, 60 MG, 80 MG                                                        | NPB              | QL                           | ziprasidone hcl                                 |
| guanfacine oral tablet extended release<br>24 hr 1 mg, 2 mg, 3 mg, 4 mg                                  | PG               |                              |                                                 |
| HALCION ORAL TABLET 0.25 MG                                                                              | NPB              |                              | triazolam                                       |
| haloperidol lactate oral concentrate 2<br>mg/ml                                                          | PG               |                              |                                                 |
| haloperidol oral tablet 0.5 mg, 1 mg, 10<br>mg, 2 mg, 20 mg, 5 mg                                        | PG               |                              |                                                 |
| HETLIOZ LQ ORAL SUSPENSION 4<br>MG/ML                                                                    | NPS              | PA; LA                       |                                                 |
| HETLIOZ ORAL CAPSULE 20 MG                                                                               | NPS              | PA; LA                       |                                                 |
| IGALMI SUBLINGUAL FILM 120<br>MCG, 180 MCG                                                               | NPB              |                              |                                                 |
| imipramine hcl oral tablet 10 mg, 25 mg,<br>50 mg                                                        | PG               |                              |                                                 |
| imipramine pamoate oral capsule 100<br>mg, 125 mg, 150 mg, 75 mg                                         | PG               |                              |                                                 |
| INTUNIV ER ORAL TABLET<br>EXTENDED RELEASE 24 HR 1 MG, 2<br>MG, 3 MG, 4 MG                               | FE               |                              | guanfacine hcl er                               |
| INVEGA ORAL TABLET EXTENDED<br>RELEASE 24HR 3 MG, 6 MG, 9 MG                                             | NPB              | QL                           | paliperidone 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<br>PREFERRED<br>ALTERNATIVES                                                                               |
|----------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------|
| JORNAY PM ORAL CAPSULE,DEL<br>REL,EXT REL SPRINK 100 MG, 20<br>MG, 40 MG, 60 MG, 80 MG | NPB       |                       | dexmethylphenidate hcl er,<br>methylphenidate hcl cd,<br>methylphenidate er,<br>methylphenidate er (la),<br>AZSTARYS |
| LATUDA ORAL TABLET 120 MG, 20<br>MG, 40 MG, 60 MG, 80 MG                               | FE        |                       | lurasidone hcl                                                                                                       |
| LEXAPRO ORAL TABLET 10 MG, 20<br>MG, 5 MG                                              | FE        |                       | escitalopram oxalate                                                                                                 |
| lisdexamfetamine oral capsule 10 mg, 20<br>mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg       | PG        |                       |                                                                                                                      |
| lisdexamfetamine oral tablet,chewable<br>10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60<br>mg   | PG        |                       |                                                                                                                      |
| lithium carbonate oral capsule 150 mg,<br>300 mg, 600 mg                               | PG        |                       |                                                                                                                      |
| lithium carbonate oral tablet 300 mg                                                   | PG        |                       |                                                                                                                      |
| lithium carbonate oral tablet extended<br>release 300 mg, 450 mg                       | PG        |                       |                                                                                                                      |
| lithium citrate oral solution 8 meq/5 ml                                               | PG        |                       |                                                                                                                      |
| LITHOBID ORAL TABLET<br>EXTENDED RELEASE 300 MG                                        | NPB       |                       | lithium carbonate                                                                                                    |
| lorazepam intensol oral concentrate 2<br>mg/ml                                         | PG        |                       |                                                                                                                      |
| lorazepam oral concentrate 2 mg/ml                                                     | PG        |                       |                                                                                                                      |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg                                               | PG        |                       |                                                                                                                      |
| LOREEV XR ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 1 MG, 1.5 MG, 2 MG, 3 MG            | FE        |                       | lorazepam                                                                                                            |
| loxapine succinate oral capsule 10 mg,<br>25 mg, 5 mg, 50 mg                           | PG        |                       |                                                                                                                      |
| LUMRYZ ORAL EXTEND RELEASE<br>GRANULES,PACKET 4.5 GRAM, 6<br>GRAM, 7.5 GRAM, 9 GRAM    | PS        | ST; QL; LA            |                                                                                                                      |
| LUMRYZ STARTER PACK ORAL<br>GRANULES ER PACKET, DOSE<br>PACK 4.5-6-7.5 GRAM            | PS        | 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.

| <b>Drug Name</b>                                                                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                |
|---------------------------------------------------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|
| 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, tranlycypromine 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                           |                                                                                                                |

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

| Drug Name                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                               |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------|
| METHYLPHENIDATE HCL ORAL<br>TABLET EXTENDED RELEASE<br>24HR 45 MG, 63 MG                       | FE        |                       | dexmethylphenidate hcl er,<br>methylphenidate hcl cd,<br>methylphenidate er,<br>methylphenidate er (la),<br>AZSTARYS |
| methylphenidate hcl oral tablet extended<br>release 24hr 72 mg                                 | PG        |                       |                                                                                                                      |
| methylphenidate hcl oral tablet,chewable<br>10 mg, 2.5 mg, 5 mg                                | PG        |                       |                                                                                                                      |
| methylphenidate transdermal patch 24<br>hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr,<br>30 mg/9 hr | PG        |                       |                                                                                                                      |
| midazolam oral syrup 2 mg/ml                                                                   | PG        |                       |                                                                                                                      |
| mirtazapine oral tablet 15 mg, 30 mg, 45<br>mg, 7.5 mg                                         | PG        |                       |                                                                                                                      |
| mirtazapine oral tablet,disintegrating 15<br>mg, 30 mg, 45 mg                                  | PG        |                       |                                                                                                                      |
| MKO (MIDAZOLAM-KETAMINE-<br>ONDAN) SUBLINGUAL TROCHE 3-<br>25-2 MG                             | NPB       |                       |                                                                                                                      |
| modafinil oral tablet 100 mg, 200 mg                                                           | PG        | PA                    |                                                                                                                      |
| molindone oral tablet 10 mg, 25 mg, 5<br>mg                                                    | PG        |                       |                                                                                                                      |
| MYDAYIS ORAL CAPSULE, ER<br>TRIPHASIC 24 HR 12.5 MG, 25 MG,<br>37.5 MG, 50 MG                  | FE        |                       | dextroamphetamine-amphet er                                                                                          |
| NARDIL ORAL TABLET 15 MG                                                                       | NPB       |                       | phenelzine sulfate                                                                                                   |
| nefazodone oral tablet 100 mg, 150 mg,<br>200 mg, 250 mg, 50 mg                                | NPG       |                       | bupropion hcl, mirtazapine,<br>trazodone hcl                                                                         |
| nortriptyline oral capsule 10 mg, 25 mg,<br>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,<br>200 MG, 250 MG, 50 MG                                           | FE        |                       | armodafinil                                                                                                          |
| olanzapine oral tablet 10 mg, 15 mg, 2.5<br>mg, 20 mg, 5 mg, 7.5 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<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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        |                       |                                        |
| ONYDA XR ORAL<br>SUSPENSION,EXTEND RELEASE<br>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                    |                                        |
| PARNATE ORAL TABLET 10 MG                                                          | NPB       |                       | tranlycypromine 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                                 | FE        |                       | paroxetine er, paroxetine hcl          |
| PAXIL CR ORAL TABLET<br>EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG             | NPB       | ST; QL                | paroxetine er                          |
| 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            |

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

| Drug Name                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                   |
|-------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------|
| procentra oral solution 5 mg/5 ml                                                   | PG        |                       |                                                                                                          |
| protriptyline oral tablet 10 mg, 5 mg                                               | NPG       |                       | desipramine hcl, nortriptyline hcl                                                                       |
| PROVIGIL ORAL TABLET 100 MG, 200 MG                                                 | FE        |                       | modafinil                                                                                                |
| PROZAC ORAL CAPSULE 10 MG, 20 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 er (1a), 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 er (1a), 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                                                                                       |

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

| Drug Name                                                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                     |
|----------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------|
| RELEXXII ORAL TABLET<br>EXTENDED RELEASE 24HR 45 MG,<br>63 MG, 72 MG                   | FE        |                       | dexmethylphenidate hcl er,<br>methylphenidate hcl cd,<br>methylphenidate er,<br>methylphenidate er (la),<br>AZSTARYS       |
| REMERON ORAL TABLET 15 MG,<br>30 MG                                                    | NPB       |                       | mirtazapine                                                                                                                |
| REMERON SOLTAB ORAL<br>TABLET,DISINTEGRATING 15 MG,<br>30 MG, 45 MG                    | NPB       |                       | mirtazapine                                                                                                                |
| RESTORIL ORAL CAPSULE 15 MG,<br>22.5 MG, 30 MG, 7.5 MG                                 | NPB       |                       | lorazepam                                                                                                                  |
| REXULTI ORAL TABLET 0.25 MG,<br>0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                         | NPB       | QL                    | aripiprazole, asenapine<br>maleate, lurasidone hcl,<br>olanzapine, quetiapine<br>fumarate, risperidone,<br>ziprasidone hcl |
| RISPERDAL ORAL SOLUTION 1<br>MG/ML                                                     | NPB       |                       | risperidone                                                                                                                |
| RISPERDAL ORAL TABLET 0.5 MG,<br>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,<br>1 mg, 2 mg, 3 mg, 4 mg                     | PG        | QL                    |                                                                                                                            |
| risperidone oral tablet,disintegrating 0.25<br>mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg      | PG        | QL                    |                                                                                                                            |
| RITALIN ORAL TABLET 10 MG, 20<br>MG, 5 MG                                              | FE        |                       | methylphenidate hcl                                                                                                        |
| ROZEREM ORAL TABLET 8 MG                                                               | FE        |                       | ramelteon                                                                                                                  |
| SAPHRIS SUBLINGUAL TABLET 10<br>MG, 2.5 MG, 5 MG                                       | FE        |                       | asenapine maleate                                                                                                          |
| SECUADO TRANSDERMAL PATCH<br>24 HOUR 3.8 MG/24 HOUR, 5.7<br>MG/24 HOUR, 7.6 MG/24 HOUR | NPB       | QL                    | aripiprazole, asenapine<br>maleate, lurasidone hcl,<br>olanzapine, quetiapine<br>fumarate, risperidone,<br>ziprasidone hcl |
| SEROQUEL ORAL TABLET 100 MG,<br>200 MG, 25 MG, 300 MG, 400 MG, 50<br>MG                | FE        |                       | quetiapine fumarate                                                                                                        |

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



| Drug Name                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| SEROQUEL XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 150<br>MG, 200 MG, 300 MG, 400 MG, 50<br>MG | FE        |                       | quetiapine fumarate er                                                                                                                |
| sertraline oral capsule 150 mg, 200 mg                                                        | PG        | ST; QL                |                                                                                                                                       |
| sertraline oral concentrate 20 mg/ml                                                          | PG        |                       |                                                                                                                                       |
| sertraline oral tablet 100 mg, 25 mg, 50<br>mg                                                | PG        | QL                    |                                                                                                                                       |
| SILENOR ORAL TABLET 3 MG, 6<br>MG                                                             | NPB       | ST                    | doxepin hcl                                                                                                                           |
| sodium oxybate oral solution 500 mg/ml                                                        | PS        | ST; QL; LA            |                                                                                                                                       |
| SPRAVATO NASAL SPRAY, NON-<br>AEROSOL 56 MG (28 MG X 2), 84<br>MG (28 MG X 3)                 | PS        |                       |                                                                                                                                       |
| SUNOSI ORAL TABLET 150 MG, 75<br>MG                                                           | PB        | PA                    |                                                                                                                                       |
| tasimelteon oral capsule 20 mg                                                                | NPS       | PA; LA                |                                                                                                                                       |
| temazepam oral capsule 15 mg, 22.5 mg,<br>30 mg, 7.5 mg                                       | NPG       |                       | lorazepam                                                                                                                             |
| thioridazine oral tablet 10 mg, 100 mg,<br>25 mg, 50 mg                                       | PG        |                       |                                                                                                                                       |
| thiothixene oral capsule 1 mg, 10 mg, 2<br>mg, 5 mg                                           | PG        |                       |                                                                                                                                       |
| tranlycypromine oral tablet 10 mg                                                             | PG        |                       |                                                                                                                                       |
| trazodone oral tablet 100 mg, 150 mg,<br>300 mg, 50 mg                                        | PG        |                       |                                                                                                                                       |
| triazolam oral tablet 0.125 mg, 0.25 mg                                                       | PG        |                       |                                                                                                                                       |
| trifluoperazine oral tablet 1 mg, 10 mg, 2<br>mg, 5 mg                                        | PG        |                       |                                                                                                                                       |
| trimipramine oral capsule 100 mg, 25<br>mg, 50 mg                                             | PG        |                       |                                                                                                                                       |
| TRINTELLIX ORAL TABLET 10 MG,<br>20 MG, 5 MG                                                  | NPB       | ST; QL                | citalopram hbr, escitalopram<br>oxalate, fluoxetine hcl,<br>fluvoxamine maleate,<br>paroxetine hcl, sertraline hcl,<br>vilazodone hcl |
| VALIUM ORAL TABLET 10 MG, 2<br>MG, 5 MG                                                       | FE        |                       | diazepam                                                                                                                              |

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

| Drug Name                                                                       | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                     |
|---------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------|
| VENLAFAXINE BESYLATE ORAL<br>TABLET EXTENDED RELEASE<br>24HR 112.5 MG           | FE        |                       | desvenlafaxine succinate er,<br>duloxetine hcl, venlafaxine hcl<br>er, FETZIMA                                             |
| venlafaxine oral capsule,extended<br>release 24hr 150 mg, 37.5 mg, 75 mg        | PG        | QL                    |                                                                                                                            |
| venlafaxine oral tablet 100 mg, 25 mg,<br>37.5 mg, 50 mg, 75 mg                 | PG        | QL                    |                                                                                                                            |
| venlafaxine oral tablet extended release<br>24hr 150 mg, 225 mg, 37.5 mg, 75 mg | FE        |                       | venlafaxine ER capsules                                                                                                    |
| VERSACLOZ ORAL SUSPENSION 50<br>MG/ML                                           | NPB       |                       | clozapine odt, clozapine                                                                                                   |
| VIIBRYD ORAL TABLET 10 MG, 20<br>MG, 40 MG                                      | FE        |                       | vilazodone hcl                                                                                                             |
| vilazodone oral tablet 10 mg, 20 mg, 40<br>mg                                   | PG        | ST; QL                |                                                                                                                            |
| VRAYLAR ORAL CAPSULE 0.5 MG,<br>0.75 MG                                         | NPB       |                       | aripiprazole, asenapine<br>maleate, lurasidone hcl,<br>olanzapine, quetiapine<br>fumarate, risperidone,<br>ziprasidone hcl |
| VRAYLAR ORAL CAPSULE 1.5 MG,<br>3 MG, 4.5 MG, 6 MG                              | NPB       | QL                    | aripiprazole, asenapine<br>maleate, lurasidone hcl,<br>olanzapine, quetiapine<br>fumarate, risperidone,<br>ziprasidone hcl |
| VYLEESI SUBCUTANEOUS AUTO-<br>INJECTOR 1.75 MG/0.3 ML                           | NPS       | PA; QL                |                                                                                                                            |
| VYVANSE ORAL CAPSULE 10 MG,<br>20 MG, 30 MG, 40 MG, 50 MG, 60<br>MG, 70 MG      | FE        |                       | lisdexamfetamine dimesylate<br>capsules                                                                                    |
| VYVANSE ORAL<br>TABLET,CHEWABLE 10 MG, 20 MG,<br>30 MG, 40 MG, 50 MG, 60 MG     | FE        |                       | lisdexamfetamine dimesylate                                                                                                |
| WAKIX ORAL TABLET 17.8 MG,<br>4.45 MG                                           | NPS       | PA; LA                | armodafinil, modafinil,<br>sodium oxybate, LUMRYZ,<br>SUNOSI                                                               |
| WELLBUTRIN SR ORAL TABLET<br>SUSTAINED-RELEASE 12 HR 100<br>MG, 150 MG, 200 MG  | FE        |                       | bupropion sr                                                                                                               |

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

| Drug Name                                                                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                 |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| WELLBUTRIN XL ORAL TABLET<br>EXTENDED RELEASE 24 HR 150<br>MG, 300 MG                                | FE        |                       | bupropion xl                                                                                                           |
| XANAX ORAL TABLET 0.25 MG, 0.5<br>MG, 1 MG, 2 MG                                                     | FE        |                       | alprazolam                                                                                                             |
| XELSTRYM TRANSDERMAL<br>PATCH 24 HOUR 13.5 MG/9 HOUR,<br>18 MG/9 HOUR, 4.5 MG/9 HOUR, 9<br>MG/9 HOUR | FE        |                       | amphetamine er odt,<br>dextroamphetamine sulfate er,<br>dextroamphetamine-amphet<br>er, lisdexamfetamine<br>dimesylate |
| XYREM ORAL SOLUTION 500<br>MG/ML                                                                     | FE        |                       | sodium oxybate                                                                                                         |
| XYWAV ORAL SOLUTION 0.5<br>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<br>MG, 20 MG, 30 MG, 7.5 MG                                           | NPB       |                       | dextroamphetamine sulfate                                                                                              |
| ziprasidone hcl oral capsule 20 mg, 40<br>mg, 60 mg, 80 mg                                           | PG        | QL                    |                                                                                                                        |
| ZOLOFT ORAL CONCENTRATE 20<br>MG/ML                                                                  | FE        |                       | sertraline hcl                                                                                                         |
| ZOLOFT ORAL TABLET 100 MG, 25<br>MG, 50 MG                                                           | FE        |                       | sertraline hcl                                                                                                         |
| ZOLPIDEM ORAL CAPSULE 7.5 MG                                                                         | FE        |                       | eszopiclone, zaleplon,<br>zolpidem tartrate                                                                            |
| zolpidem oral tablet 10 mg, 5 mg                                                                     | PG        |                       |                                                                                                                        |
| zolpidem oral tablet,ext release<br>multiphase 12.5 mg, 6.25 mg                                      | PG        |                       |                                                                                                                        |
| zolpidem sublingual tablet 1.75 mg, 3.5<br>mg                                                        | PG        |                       |                                                                                                                        |
| ZURZUVAE ORAL CAPSULE 20 MG,<br>25 MG, 30 MG                                                         | PS        | QL                    |                                                                                                                        |
| ZYPREXA ORAL TABLET 10 MG, 15<br>MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG                                     | NPB       | QL                    | olanzapine                                                                                                             |
| ZYPREXA ZYDIS ORAL<br>TABLET,DISINTEGRATING 10 MG,<br>15 MG, 20 MG, 5 MG                             | NPB       | QL                    | olanzapine odt                                                                                                         |

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

| Drug Name                                                                       | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|---------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| <b>AUTONOMIC &amp; CNS<br/>DRUGS, NEUROLOGY</b>                                 |           |                       |                                        |
| <b>MULTIPLE SCLEROSIS<br/>AGENTS</b>                                            |           |                       |                                        |
| 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        |                       |                                        |
| cladribine(multiple sclerosis) oral tablet 10 mg                                | PS        | PA; QL                |                                        |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML                                | FE        |                       |                                        |
| dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46) | PS        | PA; QL; LA            |                                        |
| dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg           | PS        | PA; QL                |                                        |
| 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            |                                        |

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

| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| MAVENCLAD (10 TABLET PACK)<br>ORAL TABLET 10 MG                                       | FE               |                              |                                                 |
| MAVENCLAD (4 TABLET PACK)<br>ORAL TABLET 10 MG                                        | FE               |                              |                                                 |
| MAVENCLAD (5 TABLET PACK)<br>ORAL TABLET 10 MG                                        | FE               |                              |                                                 |
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG                                        | FE               |                              |                                                 |
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG                                        | FE               |                              |                                                 |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG                                        | FE               |                              |                                                 |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG                                        | FE               |                              |                                                 |
| MAYZENT ORAL TABLET 0.25 MG,<br>1 MG, 2 MG                                            | PS               | PA; QL; LA                   |                                                 |
| MAYZENT STARTER(FOR 1MG<br>MAINT) ORAL TABLETS,DOSE<br>PACK 0.25 MG (7 TABS)          | PS               | PA; QL; LA                   |                                                 |
| MAYZENT STARTER(FOR 2MG<br>MAINT) ORAL TABLETS,DOSE<br>PACK 0.25 MG (12 TABS)         | PS               | PA; QL; LA                   |                                                 |
| OCREVUS INTRAVENOUS<br>SOLUTION 30 MG/ML                                              | PS               | PA; QL; LA                   |                                                 |
| OCREVUS ZUNOVO<br>SUBCUTANEOUS SOLUTION 920<br>MG-23,000 UNIT/23 ML                   | PS               | PA; QL; LA                   |                                                 |
| PLEGRIDY INTRAMUSCULAR<br>SYRINGE 125 MCG/0.5 ML                                      | PS               | PA; QL; LA                   |                                                 |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML | PS               | PA; QL; LA                   |                                                 |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML      | PS               | PA; QL; LA                   |                                                 |
| PONVORY 14-DAY STARTER PACK<br>ORAL TABLETS,DOSE PACK 2 MG<br>(2) - 10 MG (3)         | FE               |                              |                                                 |
| PONVORY ORAL TABLET 20 MG                                                             | 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<br>PREFERRED<br>ALTERNATIVES        |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------|
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22<br>MCG/0.5 ML, 44 MCG/0.5 ML                                  | PS        | PA; QL; LA            |                                               |
| REBIF REBIDOSE SUBCUTANEOUS<br>PEN INJECTOR 22 MCG/0.5 ML, 44<br>MCG/0.5 ML, 8.8MCG/0.2ML-22<br>MCG/0.5ML (6) | PS        | PA; QL; LA            |                                               |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6)                                 | PS        | PA; QL; LA            |                                               |
| TASCENSO ODT ORAL<br>TABLET,DISINTEGRATING 0.25<br>MG, 0.5 MG                                                 | FE        |                       |                                               |
| TECFIDERA ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG, 120 MG<br>(14)- 240 MG (46), 240 MG               | FE        |                       |                                               |
| teriflunomide oral tablet 14 mg, 7 mg                                                                         | PS        | PA; QL; LA            |                                               |
| VUMERITY ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG                                                     | PS        | PA; QL; LA            |                                               |
| <b>CARDIOVASCULAR,<br/>HYPERTENSION &amp; LIPIDS</b>                                                          |           |                       |                                               |
| <b>ANTIARRHYTHMIC AGENTS</b>                                                                                  |           |                       |                                               |
| amiodarone oral tablet 100 mg, 200 mg,<br>400 mg                                                              | PG        |                       |                                               |
| BETAPACE AF ORAL TABLET 120<br>MG, 160 MG, 80 MG                                                              | NPB       |                       | sotalol af                                    |
| BETAPACE ORAL TABLET 120 MG,<br>160 MG, 80 MG                                                                 | NPB       |                       | sotalol                                       |
| disopyramide phosphate oral capsule<br>100 mg, 150 mg                                                         | NPG       |                       | amiodarone hcl, quinidine<br>sulfate, sotalol |
| dofetilide oral capsule 125 mcg, 250<br>mcg, 500 mcg                                                          | PG        |                       |                                               |
| flecainide oral tablet 100 mg, 150 mg, 50<br>mg                                                               | PG        |                       |                                               |
| mexiletine oral capsule 150 mg, 200 mg,<br>250 mg                                                             | PG        |                       |                                               |

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

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

| <b>Drug Name</b>                                                                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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-hcthidiazid 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               |                              |                                                 |
| ARBLI ORAL SUSPENSION 10 MG/ML                                                                                      | FE               |                              | losartan potassium                              |
| 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                                      |
| AZILSARTAN MEDOXOMIL ORAL TABLET 40 MG, 80 MG                                                                       | FE               |                              |                                                 |
| 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                            |

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



| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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               |                              |                                                 |
| BISOPROLOL FUMARATE ORAL TABLET 2.5 MG                                                        | FE               |                              | bisoprolol fumarate                             |
| 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               |                              |                                                 |
| CARDAMYST NASAL SPRAY, NON-AEROSOL 70 MG/2 SPRAY                                              | NPB              |                              |                                                 |
| CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG        | NPB              |                              | cartia xt, diltiazem 24hr er (cd)               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | NPB              |                              | matzim la                                       |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG                                                     | NPB              |                              | diltiazem hcl                                   |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG                                                    | NPB              | QL                           | doxazosin mesylate                              |

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

| Drug Name                                                                               | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                               |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------|
| CARDURA XL ORAL TABLET<br>EXTENDED RELEASE 24HR 4 MG, 8<br>MG                           | NPB       | QL                    | alfuzosin hcl er, doxazosin<br>mesylate, silodosin,<br>tamsulosin hcl, terazosin hcl |
| CAROSPIR ORAL SUSPENSION 25<br>MG/5 ML                                                  | FE        |                       | spironolactone                                                                       |
| cartia xt oral capsule,extended release<br>24hr 120 mg, 180 mg, 240 mg, 300 mg          | PG        |                       |                                                                                      |
| carvedilol oral tablet 12.5 mg, 25 mg,<br>3.125 mg, 6.25 mg                             | PG        |                       |                                                                                      |
| carvedilol phosphate oral capsule, er<br>multiphase 24 hr 10 mg, 20 mg, 40 mg,<br>80 mg | PG        |                       |                                                                                      |
| CATAPRES-TTS-1 TRANSDERMAL<br>PATCH WEEKLY 0.1 MG/24 HR                                 | NPB       | QL                    | clonidine hcl                                                                        |
| CATAPRES-TTS-2 TRANSDERMAL<br>PATCH WEEKLY 0.2 MG/24 HR                                 | NPB       | QL                    | clonidine hcl                                                                        |
| CATAPRES-TTS-3 TRANSDERMAL<br>PATCH WEEKLY 0.3 MG/24 HR                                 | NPB       | QL                    | clonidine hcl                                                                        |
| chlorthalidone oral tablet 25 mg, 50 mg                                                 | PG        |                       |                                                                                      |
| CLONIDINE HCL ORAL TABLET<br>0.05 MG                                                    | FE        |                       | clonidine hcl                                                                        |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg,<br>0.3 mg                                     | PG        |                       |                                                                                      |
| CLONIDINE HCL ORAL TABLET<br>EXTENDED RELEASE 24 HR 0.17<br>MG                          | FE        |                       | clonidine hcl, clonidine hcl                                                         |
| clonidine transdermal patch weekly 0.1<br>mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr          | PG        | QL                    |                                                                                      |
| CONJUPRI ORAL TABLET 2.5 MG, 5<br>MG                                                    | FE        |                       | amlodipine besylate,<br>felodipine er, nifedipine er,<br>nisoldipine                 |
| CONSENSI ORAL TABLET 10-200<br>MG, 2.5-200 MG, 5-200 MG                                 | FE        |                       |                                                                                      |
| COREG CR ORAL CAPSULE, ER<br>MULTIPHASE 24 HR 10 MG, 20 MG,<br>40 MG, 80 MG             | NPB       |                       | carvedilol er                                                                        |
| COREG ORAL TABLET 12.5 MG, 25<br>MG, 3.125 MG, 6.25 MG                                  | FE        |                       | carvedilol                                                                           |

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

| <b>Drug Name</b>                                                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                     |
|-------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------|
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG                                                         | FE               |                              | losartan potassium                                                                                  |
| diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg                        | PG               |                              |                                                                                                     |
| diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg                          | PG               |                              |                                                                                                     |
| diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg        | PG               |                              |                                                                                                     |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg         | PG               |                              |                                                                                                     |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg                                           | PG               |                              |                                                                                                     |
| diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | PG               |                              |                                                                                                     |
| dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg                              | PG               |                              |                                                                                                     |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG               | FE               |                              | valsartan-hydrochlorothiazide                                                                       |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG                                                 | FE               |                              | valsartan                                                                                           |
| doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg                                                    | PG               | QL                           |                                                                                                     |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG                                                             | FE               |                              | amiloride hcl, eplerenone, spironolactone                                                           |
| EDARBI ORAL TABLET 40 MG, 80 MG                                                                 | FE               |                              | candesartan cilexetil, irbesartan, losartan potassium, olmesartan medoxomil, telmisartan, valsartan |

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

| Drug Name                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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        |                       |                                                                                                                                                                                        |
| ENBUMYST NASAL SPRAY, NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)                                        | FE        |                       | bumetanide, ethacrynic acid, furosemide, torsemide                                                                                                                                     |
| 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                |                                                                                                                                                                                        |
| 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 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, ethacrynic acid, furosemide, torsemide                                                                                                                                     |

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

| Drug Name                                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|-----------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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        |                       | chlorthalidone                         |
| 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           |
| 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                     |
| INSPIRA ORAL TABLET 25 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        |                       |                                        |
| JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)                                | FE        |                       | clonidine 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<br>PREFERRED<br>ALTERNATIVES                         |
|-------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------|
| 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                    |                                                                |
| KERENDIA ORAL TABLET 40 MG                                                    | PB        |                       |                                                                |
| labetalol oral tablet 100 mg, 200 mg, 300 mg                                  | PG        |                       |                                                                |
| LABETALOL ORAL TABLET 400 MG                                                  | FE        |                       | labetalol hcl                                                  |
| LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML                                     | FE        |                       | bumetanide, ethacrynic acid, furosemide, torsemide             |
| 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        |                       |                                                                |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg   | PG        |                       |                                                                |
| LOPRESSOR ORAL SOLUTION 10 MG/ML                                              | FE        |                       | metoprolol tartrate                                            |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                                           | NPB       |                       | metoprolol tartrate                                            |
| LOPRESSOR ORAL TABLET 12.5 MG                                                 | FE        |                       | 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-hydrochlorothiazide                                 |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                                      | NPB       |                       | benazepril 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<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| LOTREL ORAL CAPSULE 10-20 MG,<br>10-40 MG, 5-10 MG, 5-20 MG                                | FE        |                       | amlodipine besylate-<br>benazepril     |
| matzim la oral tablet extended release 24<br>hr 180 mg, 240 mg, 300 mg, 360 mg,<br>420 mg  | PG        |                       |                                        |
| methyldopa oral tablet 250 mg, 500 mg                                                      | PG        |                       |                                        |
| metolazone oral tablet 10 mg, 2.5 mg, 5<br>mg                                              | PG        |                       |                                        |
| metoprolol succinate oral tablet extended<br>release 24 hr 100 mg, 200 mg, 25 mg, 50<br>mg | PG        |                       |                                        |
| metoprolol ta-hydrochlorothiaz oral<br>tablet 100-25 mg, 100-50 mg, 50-25 mg               | PG        |                       |                                        |
| metoprolol tartrate oral tablet 100 mg, 25<br>mg, 37.5 mg, 50 mg, 75 mg                    | PG        |                       |                                        |
| METOPROLOL TARTRATE ORAL<br>TABLET 12.5 MG                                                 | FE        |                       | metoprolol tartrate                    |
| metyrosine oral capsule 250 mg                                                             | PG        |                       |                                        |
| MICARDIS HCT ORAL TABLET 40-<br>12.5 MG, 80-12.5 MG, 80-25 MG                              | FE        |                       | telmisartan-<br>hydrochlorothiazid     |
| MICARDIS ORAL TABLET 40 MG,<br>80 MG                                                       | NPB       | ST                    | 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        |                       |                                        |
| nebivolol oral tablet 10 mg, 2.5 mg, 20<br>mg, 5 mg                                        | PG        |                       |                                        |
| NEXICLON XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 0.17<br>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<br>24hr 30 mg, 60 mg, 90 mg                        | PG        |                       |                                        |
| nifedipine oral tablet extended release 30<br>mg, 60 mg, 90 mg                             | PG        |                       |                                        |
| nimodipine oral capsule 30 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.

| <b>Drug Name</b>                                                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| nimodipine oral solution 60 mg/20 ml                                                                                  | PG               |                              |                                                 |
| nisoldipine oral tablet extended release<br>24 hr 17 mg, 34 mg, 8.5 mg                                                | PG               |                              |                                                 |
| NORLIQVA ORAL SOLUTION 1<br>MG/ML                                                                                     | FE               |                              | amlodipine besylate                             |
| NORVASC ORAL TABLET 10 MG,<br>2.5 MG, 5 MG                                                                            | FE               |                              | amlodipine besylate                             |
| NYMALIZE ORAL SOLUTION 60<br>MG/10 ML                                                                                 | NPB              |                              | nimodipine                                      |
| NYMALIZE ORAL SYRINGE 30<br>MG/5 ML, 60 MG/10 ML                                                                      | NPB              |                              | nimodipine                                      |
| olmesartan oral tablet 20 mg, 40 mg, 5<br>mg                                                                          | PG               |                              |                                                 |
| olmesartan-amlodipin-hcthiiazid oral<br>tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-<br>10-25 mg, 40-5-12.5 mg, 40-5-25 mg | PG               |                              |                                                 |
| olmesartan-hydrochlorothiazide oral<br>tablet 20-12.5 mg, 40-12.5 mg, 40-25<br>mg                                     | PG               |                              |                                                 |
| ORENITRAM MONTH 1 TITRATION<br>KT ORAL TABLET EXTENDED<br>REL,DOSE PACK 0.125 MG (126)-<br>0.25 MG (42)               | NPS              | PA; QL; LA                   | UPTRAVI                                         |
| ORENITRAM MONTH 2 TITRATION<br>KT ORAL TABLET EXTENDED<br>REL,DOSE PACK 0.125 MG (126)-<br>0.25 MG (210)              | NPS              | PA; QL; LA                   | UPTRAVI                                         |
| ORENITRAM MONTH 3 TITRATION<br>KT ORAL TABLET EXTENDED<br>REL,DOSE PACK 0.125 MG (126)-<br>0.25 MG(42)-1MG            | NPS              | PA; QL; LA                   | UPTRAVI                                         |
| ORENITRAM ORAL TABLET<br>EXTENDED RELEASE 0.125 MG,<br>0.25 MG, 1 MG, 2.5 MG, 5 MG                                    | NPS              | PA; QL; LA                   | UPTRAVI                                         |
| perindopril erbumine oral tablet 2 mg, 4<br>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               |                              |                                                 |

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



| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>       |
|-------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------|
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG                                  | NPB              | ST                           | amlodipine besylate-<br>benazepril                    |
| PROCARDIA XL ORAL TABLET<br>EXTENDED RELEASE 24HR 30 MG,<br>60 MG                   | NPB              | ST                           | nifedipine er                                         |
| propranolol oral capsule,extended<br>release 24 hr 120 mg, 160 mg, 60 mg, 80<br>mg  | PG               |                              |                                                       |
| propranolol oral solution 20 mg/5 ml (4<br>mg/ml), 40 mg/5 ml (8 mg/ml)             | PG               |                              |                                                       |
| propranolol oral tablet 10 mg, 20 mg, 40<br>mg, 60 mg, 80 mg                        | PG               |                              |                                                       |
| QBRELIS ORAL SOLUTION 1<br>MG/ML                                                    | FE               |                              | lisinopril                                            |
| quinapril oral tablet 10 mg, 20 mg, 40<br>mg, 5 mg                                  | PG               |                              |                                                       |
| quinapril-hydrochlorothiazide oral tablet<br>10-12.5 mg, 20-12.5 mg, 20-25 mg       | PG               |                              |                                                       |
| ramipril oral capsule 1.25 mg, 10 mg,<br>2.5 mg, 5 mg                               | PG               |                              |                                                       |
| REMODULIN INJECTION<br>SOLUTION 0.4 MG/ML, 1 MG/ML, 10<br>MG/ML, 2.5 MG/ML, 5 MG/ML | NPS              | PA; LA                       | treprostinil                                          |
| SDAMLO ORAL POWDER IN<br>CONTAINER 10 MG, 2.5 MG, 5 MG                              | FE               |                              | amlodipine besylate                                   |
| SOAANZ ORAL TABLET 40 MG                                                            | FE               |                              | bumetanide, ethacrynic acid,<br>furosemide, torsemide |
| spironolactone oral suspension 25 mg/5<br>ml                                        | PG               |                              |                                                       |
| spironolactone oral tablet 100 mg, 25<br>mg, 50 mg                                  | PG               |                              |                                                       |
| spironolacton-hydrochlorothiaz oral<br>tablet 25-25 mg                              | PG               |                              |                                                       |
| SULAR ORAL TABLET EXTENDED<br>RELEASE 24 HR 17 MG, 34 MG, 8.5<br>MG                 | NPB              | ST                           | nisoldipine                                           |
| TEKTURNA ORAL TABLET 150 MG,<br>300 MG                                              | FE               |                              | aliskiren                                             |

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

| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                           | FE               |                              | amlodipine-olmesartan, amlodipine-valsartan     |
| telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg                       | PG               |                              |                                                 |
| 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               |                              | terazosin hcl                                   |
| 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               |                              |                                                 |
| 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                            |
| toremide 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                                                            | NPG              |                              |                                                 |
| triamterene-hydrochlorothiazid oral capsule 37.5-25 mg                                            | PG               |                              |                                                 |

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

| Drug Name                                                                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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                                                                      | PG        |                       |                                        |
| valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg                                                   | PG        |                       |                                        |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg | PG        |                       |                                        |
| VASERETIC ORAL TABLET 10-25 MG                                                                       | NPB       |                       | enalapril-hydrochlorothiazide          |
| 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-hydrochlorothiazide         |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG                                         | NPB       |                       | lisinopril                             |
| <b>CARDIAC GLYCOSIDES</b>                                                                            |           |                       |                                        |

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

| Drug Name                                                                                                                                                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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                                |
| <b>COAGULATION THERAPY</b>                                                                                                                                                                        |           |                       |                                        |
| 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                |                                        |
| 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)                                                                                  | PS        | PA; LA                |                                        |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML                             | PS        | PA; LA                |                                        |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                                                                                                            | PS        | PA; LA                |                                        |

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

| <b>Drug Name</b>                                                                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| ALPROLIX INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 4,000 UNIT, 500<br>UNIT                                      | PS               | PA; LA                       |                                                 |
| ALTUVIIIIO INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT | PS               | PA; LA                       |                                                 |
| ALVAIZ ORAL TABLET 18 MG, 36<br>MG, 54 MG, 9 MG                                                                                                  | FE               |                              | eltrombopag olamine,<br>DOPTELET, NPLATE        |
| AMICAR ORAL SOLUTION 250<br>MG/ML (25 %)                                                                                                         | NPB              |                              | aminocaproic acid                               |
| AMICAR ORAL TABLET 1,000 MG,<br>500 MG                                                                                                           | NPB              |                              | aminocaproic acid                               |
| aminocaproic acid oral solution 250<br>mg/ml (25 %)                                                                                              | PG               |                              |                                                 |
| aminocaproic acid oral tablet 1,000 mg,<br>500 mg                                                                                                | PG               |                              |                                                 |
| ARIXTRA SUBCUTANEOUS<br>SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5<br>ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML                                                       | NPS              |                              | fondaparinux sodium                             |
| aspirin-dipyridamole oral capsule, er<br>multiphase 12 hr 25-200 mg                                                                              | PG               |                              |                                                 |
| BENEFIX INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 500 UNIT                                                      | PS               | PA; LA                       |                                                 |
| BRILINTA ORAL TABLET 60 MG, 90<br>MG                                                                                                             | FE               |                              | ticagrelor                                      |
| CABLIVI INJECTION KIT 11 MG                                                                                                                      | PS               | PA                           |                                                 |
| CEPROTIN (BLUE BAR)<br>INTRAVENOUS RECON SOLN 500<br>UNIT                                                                                        | PS               | PA; LA                       |                                                 |
| CEPROTIN (GREEN BAR)<br>INTRAVENOUS RECON SOLN 1,000<br>UNIT                                                                                     | PS               | PA; LA                       |                                                 |
| cilostazol oral tablet 100 mg, 50 mg                                                                                                             | PG               |                              |                                                 |
| clopidogrel oral tablet 300 mg, 75 mg                                                                                                            | PG               |                              |                                                 |

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

| Drug Name                                                                                                                                                    | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| COAGADEX INTRAVENOUS<br>RECON SOLN 250 (+/-) UNIT<br>RANGE, 500 (+/-) UNIT RANGE                                                                             | PS        | LA                    |                                        |
| dabigatran etexilate oral capsule 110 mg,<br>150 mg, 75 mg                                                                                                   | PG        |                       |                                        |
| dipyridamole oral tablet 25 mg, 50 mg,<br>75 mg                                                                                                              | PG        |                       |                                        |
| DOPTelet (15 TAB PACK) ORAL<br>TABLET 20 MG                                                                                                                  | PS        | PA; QL; LA            |                                        |
| DOPTelet SPRINKLE ORAL<br>CAPSULE, SPRINKLE 10 MG                                                                                                            | PS        | PA; QL; LA            |                                        |
| EFFIENT ORAL TABLET 10 MG, 5<br>MG                                                                                                                           | NPB       |                       | prasugrel hcl                          |
| ELIQUIS DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE<br>PACK 5 MG (74 TABS)                                                                                   | PB        |                       |                                        |
| ELIQUIS ORAL TABLET 2.5 MG, 5<br>MG                                                                                                                          | PB        |                       |                                        |
| ELIQUIS ORAL TABLET FOR<br>SUSPENSION 0.5 MG, 1.5 MG (0.5<br>MG X 3), 2 MG (0.5 MG X 4)                                                                      | PB        |                       |                                        |
| ELIQUIS SPRINKLE ORAL<br>CAPSULE, SPRINKLE 0.15 MG                                                                                                           | PB        |                       |                                        |
| ELOCTATE INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 1,500 UNIT, 2,000<br>UNIT, 250 UNIT, 3,000 UNIT, 4,000<br>UNIT, 5,000 UNIT, 500 UNIT, 6,000<br>UNIT, 750 UNIT | PS        | PA; LA                |                                        |
| eltrombopag olamine oral powder in<br>packet 12.5 mg, 25 mg                                                                                                  | PS        | PA; LA                |                                        |
| eltrombopag olamine oral tablet 12.5<br>mg, 25 mg, 50 mg, 75 mg                                                                                              | PS        | LA                    |                                        |
| enoxaparin subcutaneous solution 300<br>mg/3 ml                                                                                                              | PS        |                       |                                        |
| enoxaparin subcutaneous syringe 100<br>mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30<br>mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml,<br>80 mg/0.8 ml                         | PS        |                       |                                        |

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

| <b>Drug Name</b>                                                                                                                                                                                                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| ENOXILUV SUBCUTANEOUS<br>SYRINGE KIT 40 MG/0.4 ML                                                                                                                                                                                               | FE               |                              |                                                 |
| ESPEROCT INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 4,000 (+/-) UNIT, 500 (+/-)<br>UNIT                                                                                            | PS               | PA; LA                       |                                                 |
| FEIBA NF INTRAVENOUS RECON<br>SOLN 1,750-3,250 UNIT, 350-650<br>UNIT, 700-1,300 UNIT                                                                                                                                                            | PS               | LA                           |                                                 |
| FESILTY INTRAVENOUS RECON<br>SOLN 1 GRAM                                                                                                                                                                                                        | FE               |                              |                                                 |
| FIBRYGA INTRAVENOUS RECON<br>SOLN 1 GRAM (700 MG- 1,300 MG),<br>2 GRAM (1,400 MG-2,600 MG)                                                                                                                                                      | NPS              | PA                           |                                                 |
| fondaparinux subcutaneous syringe 10<br>mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml,<br>7.5 mg/0.6 ml                                                                                                                                                 | PS               |                              |                                                 |
| FRAGMIN SUBCUTANEOUS<br>SOLUTION 2,500 ANTI-XA<br>UNIT/ML, 25,000 ANTI-XA UNIT/ML                                                                                                                                                               | PS               |                              |                                                 |
| FRAGMIN SUBCUTANEOUS<br>SYRINGE 10,000 ANTI-XA UNIT/ML,<br>12,500 ANTI-XA UNIT/0.5 ML, 15,000<br>ANTI-XA UNIT/0.6 ML, 18,000 ANTI-<br>XA UNIT/0.72 ML, 2,500 ANTI-XA<br>UNIT/0.2 ML, 5,000 ANTI-XA<br>UNIT/0.2 ML, 7,500 ANTI-XA<br>UNIT/0.3 ML | PS               |                              |                                                 |
| HEMGENIX INTRAVENOUS<br>SUSPENSION 1X10EXP13 GC/ML                                                                                                                                                                                              | PS               | PA; LA                       |                                                 |
| HEMLIBRA SUBCUTANEOUS<br>SOLUTION 105 MG/0.7 ML, 12<br>MG/0.4 ML, 150 MG/ML, 30 MG/ML,<br>300 MG/2 ML (150 MG/ML), 60<br>MG/0.4 ML                                                                                                              | PS               | PA; LA                       |                                                 |
| HEMOFIL M HIGH INTRAVENOUS<br>RECON SOLN 801-1,500 UNIT                                                                                                                                                                                         | PS               | PA; LA                       |                                                 |
| HEMOFIL M LOW INTRAVENOUS<br>RECON SOLN 220-400 UNIT                                                                                                                                                                                            | PS               | PA; LA                       |                                                 |

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

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

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



| <b>Drug Name</b>                                                                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| HEPARIN(PORCINE) IN 0.45% NACL<br>INTRAVENOUS PARENTERAL<br>SOLUTION 12,500 UNIT/250 ML                                       | NPB              |                              |                                                 |
| heparin(porcine) in 0.45% nacl<br>intravenous parenteral solution 25,000<br>unit/250 ml, 25,000 unit/500 ml                   | PG               |                              |                                                 |
| heparin, porcine (pf) injection solution<br>1,000 unit/ml, 5,000 unit/0.5 ml                                                  | PG               |                              |                                                 |
| heparin, porcine (pf) injection syringe<br>5,000 unit/0.5 ml, 5,000 unit/ml                                                   | PG               |                              |                                                 |
| heparin, porcine (pf) intravenous syringe<br>1 unit/ml, 100 unit/ml                                                           | PG               |                              |                                                 |
| HUMATE-P INTRAVENOUS RECON<br>SOLN 1,000-2,400 UNIT, 250-600<br>UNIT, 500-1,200 UNIT                                          | PS               | PA; LA                       |                                                 |
| HYMPAVZI PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML                                                                           | PS               | PA; LA                       |                                                 |
| IDELVION INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,500 (+/-)<br>UNIT, 500 (+/-) UNIT | PS               | PA; LA                       |                                                 |
| IXINITY INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 1,500 UNIT, 3,000<br>UNIT, 500 UNIT                                             | FE               |                              | BENEFIX                                         |
| JIVI INTRAVENOUS RECON SOLN<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT,<br>3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500<br>(+/-) UNIT   | PS               | PA; LA                       |                                                 |
| KOATE INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 500 (+/-) UNIT                                           | NPS              | PA; LA                       | ALPHANATE, HEMOFIL-<br>M, HUMATE-P, WILATE      |
| KOALTRY INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 500 (+/-) UNIT  | PS               | PA; LA                       |                                                 |
| LOVENOX SUBCUTANEOUS<br>SOLUTION 300 MG/3 ML                                                                                  | FE               |                              | enoxaparin sodium                               |

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

| Drug Name                                                                                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------|
| LOVENOX SUBCUTANEOUS<br>SYRINGE 100 MG/ML, 120 MG/0.8<br>ML, 150 MG/ML, 30 MG/0.3 ML, 40<br>MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8<br>ML                | FE        |                       | enoxaparin sodium                                                             |
| MULPLETA ORAL TABLET 3 MG                                                                                                                           | FE        |                       | DOPTelet                                                                      |
| NOVOEIGHT INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 3,000 (+/-) UNIT, 500 (+/-)<br>UNIT | PS        | PA; LA                |                                                                               |
| NOVOSEVEN RT INTRAVENOUS<br>RECON SOLN 1 MG (1,000 MCG), 2<br>MG (2,000 MCG), 5 MG (5,000 MCG),<br>8 MG (8,000 MCG)                                 | FE        |                       | SEVENFACT                                                                     |
| NPLATE SUBCUTANEOUS RECON<br>SOLN 125 MCG, 250 MCG, 500 MCG                                                                                         | PS        | PA; LA                |                                                                               |
| NUWIQ INTRAVENOUS RECON<br>SOLN 1,500 UNIT, 1000 UNIT, 2,000<br>UNIT, 2,500 UNIT, 250 UNIT, 3,000<br>UNIT, 4,000 UNIT, 500 UNIT                     | FE        |                       | ADVATE, AFSTYLA,<br>ALTUVIIIO, KOGENATE<br>FS, KOVALTRY,<br>NOVOEIGHT, XYNTHA |
| OBIZUR INTRAVENOUS RECON<br>SOLN 500 (+/-) UNIT RANGE                                                                                               | PS        |                       |                                                                               |
| pentoxifylline oral tablet extended<br>release 400 mg                                                                                               | PG        |                       |                                                                               |
| PLAVIX ORAL TABLET 75 MG                                                                                                                            | FE        |                       | clopidogrel                                                                   |
| PRADAXA ORAL CAPSULE 110 MG,<br>150 MG, 75 MG                                                                                                       | FE        |                       | dabigatran etexilate                                                          |
| PRADAXA ORAL PELLETS IN<br>PACKET 110 MG, 150 MG, 20 MG, 30<br>MG, 40 MG, 50 MG                                                                     | FE        |                       | dabigatran etexilate,<br>rivaroxaban, ELIQUIS,<br>XARELTO                     |
| prasugrel hcl oral tablet 10 mg, 5 mg                                                                                                               | PG        |                       |                                                                               |
| PROFILNINE INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 500 (+/-) UNIT                                                          | PS        | PA; LA                |                                                                               |
| PROMACTA ORAL POWDER IN<br>PACKET 12.5 MG, 25 MG                                                                                                    | FE        |                       | eltrombopag olamine                                                           |
| PROMACTA ORAL TABLET 12.5<br>MG, 25 MG, 50 MG, 75 MG                                                                                                | FE        |                       | eltrombopag olamine                                                           |

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

| Drug Name                                                                                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                         |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------|
| QFITLIA PEN SUBCUTANEOUS PEN<br>INJECTOR 50 MG/0.5 ML                                                                            | FE        |                       | ALHEMO PEN,<br>HEMLIBRA, HYMPAVZI<br>PEN                                       |
| QFITLIA SUBCUTANEOUS<br>SOLUTION 20 MG/0.2 ML                                                                                    | FE        |                       | ALHEMO PEN,<br>HEMLIBRA, HYMPAVZI<br>PEN                                       |
| REBINYN INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 3,000 (+/-) UNIT, 500 (+/-)<br>UNIT                     | FE        |                       | ALPROLIX, IDELVION                                                             |
| RECOMBINATE INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 500 (+/-) UNIT | FE        |                       | ADVATE, AFSTYLA,<br>ALTUVIIIIO, KOGENATE<br>FS, KOVALTRY,<br>NOVOEIGHT, XYNTHA |
| RIASTAP INTRAVENOUS RECON<br>SOLN 1 GRAM (900MG-1,300MG)                                                                         | PS        | PA; LA                |                                                                                |
| rivaroxaban oral suspension for<br>reconstitution 1 mg/ml                                                                        | PG        |                       |                                                                                |
| rivaroxaban oral tablet 2.5 mg                                                                                                   | PG        |                       |                                                                                |
| RIXUBIS INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 500 UNIT                                      | FE        |                       | BENEFIX                                                                        |
| ROCTAVIAN INTRAVENOUS<br>SUSPENSION 2 X 10EXP13 VG/ML                                                                            | PS        | PA; LA                |                                                                                |
| SAVAYSA ORAL TABLET 15 MG, 30<br>MG, 60 MG                                                                                       | FE        |                       | dabigatran etexilate,<br>ELIQUIS, XARELTO                                      |
| SEVENFACT INTRAVENOUS<br>RECON SOLN 1 MG (1,000 MCG), 2<br>MG (2,000 MCG), 5 MG (5,000 MCG)                                      | PS        | LA                    |                                                                                |
| TAVALISSE ORAL TABLET 100 MG,<br>150 MG                                                                                          | PS        | PA; QL                |                                                                                |
| ticagrelor oral tablet 60 mg, 90 mg                                                                                              | PG        |                       |                                                                                |
| warfarin oral tablet 1 mg, 10 mg, 2 mg,<br>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg                                                | PG        |                       |                                                                                |
| WILATE INTRAVENOUS RECON<br>SOLN 1,000-1,000 UNIT, 500-500<br>UNIT                                                               | PS        | PA; LA                |                                                                                |

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

| Drug Name                                                                                                                                                 | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|
| XARELTO DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE<br>PACK 15 MG (42)- 20 MG (9)                                                                         | PB        |                       |                                                                                                                           |
| XARELTO ORAL SUSPENSION FOR<br>RECONSTITUTION 1 MG/ML                                                                                                     | PB        |                       |                                                                                                                           |
| XARELTO ORAL TABLET 10 MG, 15<br>MG, 2.5 MG, 20 MG                                                                                                        | PB        |                       |                                                                                                                           |
| XYNTHA INTRAVENOUS<br>SOLUTION 1,000 (+/-) UNIT, 2,000<br>(+/-) UNIT, 250 (+/-) UNIT, 500 (+/-)<br>UNIT                                                   | PS        | PA; LA                |                                                                                                                           |
| XYNTHA SOLOFUSE<br>INTRAVENOUS SYRINGE 1,000 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 3,000 (+/-) UNIT, 500 (+/-)<br>UNIT                      | PS        | PA; LA                |                                                                                                                           |
| YOSPRALA ORAL<br>TABLET,IR,DELAYED<br>REL,BIPHASIC 325-40 MG, 81-40 MG                                                                                    | FE        |                       | aspirin, esomeprazole<br>magnesium, lansoprazole,<br>omeprazole, pantoprazole<br>sodium, rabeprazole sodium               |
| ZONTIVITY ORAL TABLET 2.08 MG                                                                                                                             | NPB       | PA                    | clopidogrel, aspirin                                                                                                      |
| <b>LIPID/CHOLESTEROL<br/>LOWERING AGENTS</b>                                                                                                              |           |                       |                                                                                                                           |
| amlodipine-atorvastatin oral tablet 10-10<br>mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-<br>10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg,<br>5-20 mg, 5-40 mg, 5-80 mg | PG        | QL                    |                                                                                                                           |
| ATORVALIQ ORAL SUSPENSION 20<br>MG/5 ML (4 MG/ML)                                                                                                         | FE        |                       | atorvastatin calcium,<br>lovastatin, pitavastatin<br>calcium, pravastatin sodium,<br>rosuvastatin calcium,<br>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,<br>10-20 MG, 10-40 MG, 10-80 MG, 5-10<br>MG, 5-20 MG, 5-40 MG, 5-80 MG                                                       | NPB       | ST; QL                | amlodipine-atorvastatin                                                                                                   |
| cholestyramine (with sugar) oral powder<br>4 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<br>PREFERRED<br>ALTERNATIVES                |
|--------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------|
| 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       |                       |                                                       |
| 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 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        |                       | generic fenofibrate alternatives (134 mg or 2x 54 mg) |
| fenofibrate oral tablet 160 mg, 54 mg                                    | PG        |                       |                                                       |
| fenofibrate oral tablet 40 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<br>PREFERRED<br>ALTERNATIVES                                                                        |
|------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------|
| 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, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| fluvastatin oral capsule 20 mg, 40 mg                                        | FE        |                       | atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| fluvastatin oral tablet extended release 24 hr 80 mg                         | FE        |                       | atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| gemfibrozil oral tablet 600 mg                                               | PG        |                       |                                                                                                               |
| icosapent ethyl oral capsule 0.5 gram, 1 gram                                | PG        | PA                    |                                                                                                               |
| JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG                        | PS        | LA                    |                                                                                                               |
| LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML                                    | FE        |                       | REPATHA SURECLICK                                                                                             |
| LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML                                  | FE        |                       | REPATHA SURECLICK                                                                                             |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG                           | FE        |                       | atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| 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                                                                                  |

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

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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               |                              | 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               |                              | niacin er, 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                               |
| pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg                 | PG               | QL; ACA                      |                                                 |
| prevalite oral powder 4 gram                                       | PG               |                              |                                                 |
| prevalite oral powder in packet 4 gram                             | PG               |                              |                                                 |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM                                  | NPB              |                              | cholestyramine light                            |
| QUESTRAN ORAL POWDER 4 GRAM                                        | NPB              |                              | cholestyramine                                  |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM                              | NPB              |                              | cholestyramine                                  |
| REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML                         | FE               |                              |                                                 |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML    | PB               | PA; QL                       |                                                 |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                    |
|-------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>140 MG/ML | PB        | PA; QL                |                                                                                                                           |
| REPATHA SYRINGE<br>SUBCUTANEOUS SYRINGE 140<br>MG/ML        | PB        | PA; QL                |                                                                                                                           |
| rosuvastatin oral tablet 10 mg, 5 mg                        | PG        | QL; ACA               |                                                                                                                           |
| rosuvastatin oral tablet 20 mg, 40 mg                       | PG        | QL                    |                                                                                                                           |
| ROSZET ORAL TABLET 10-10 MG,<br>10-20 MG, 10-40 MG, 10-5 MG | NPB       | ST; QL                | ezetimibe, atorvastatin<br>calcium, rosuvastatin calcium                                                                  |
| simvastatin oral tablet 10 mg, 20 mg, 40<br>mg, 5 mg        | PG        | QL; ACA               |                                                                                                                           |
| simvastatin oral tablet 80 mg                               | PG        | QL                    |                                                                                                                           |
| TRYNGOLZA SUBCUTANEOUS<br>AUTO-INJECTOR 80 MG/0.8 ML        | NPS       | PA                    |                                                                                                                           |
| VASCEPA ORAL CAPSULE 0.5<br>GRAM, 1 GRAM                    | PB        | PA                    |                                                                                                                           |
| VYTORIN 10-10 ORAL TABLET 10-<br>10 MG                      | FE        |                       | ezetimibe-simvastatin                                                                                                     |
| VYTORIN 10-20 ORAL TABLET 10-<br>20 MG                      | FE        |                       | ezetimibe-simvastatin                                                                                                     |
| VYTORIN 10-40 ORAL TABLET 10-<br>40 MG                      | FE        |                       | ezetimibe-simvastatin                                                                                                     |
| VYTORIN 10-80 ORAL TABLET 10-<br>80 MG                      | FE        |                       | ezetimibe-simvastatin                                                                                                     |
| WELCHOL ORAL POWDER IN<br>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<br>MG, 40 MG                    | FE        |                       | simvastatin                                                                                                               |
| ZYPITAMAG ORAL TABLET 2 MG,<br>4 MG                         | NPB       | ST; QL                | atorvastatin calcium,<br>lovastatin, pitavastatin<br>calcium, pravastatin sodium,<br>rosuvastatin calcium,<br>simvastatin |

## MISCELLANEOUS CARDIOVASCULAR AGENTS

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



| Drug Name                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                         |
|-------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------|
| ATTRUBY ORAL TABLET 356 MG                                        | PS        |                       |                                                                                                                |
| CAMZYOS ORAL CAPSULE 10 MG,<br>15 MG, 2.5 MG, 5 MG                | PS        | PA; QL; LA            |                                                                                                                |
| CORLANOR ORAL SOLUTION 5<br>MG/5 ML                               | FE        |                       | ivabradine hcl                                                                                                 |
| CORLANOR ORAL TABLET 5 MG,<br>7.5 MG                              | FE        |                       | ivabradine hcl                                                                                                 |
| ENTRESTO ORAL TABLET 24-26<br>MG, 49-51 MG, 97-103 MG             | FE        |                       | sacubitril-valsartan                                                                                           |
| ENTRESTO SPRINKLE ORAL<br>PELLET 15-16 MG, 6-6 MG                 | PB        | QL                    |                                                                                                                |
| FILSPARI ORAL TABLET 200 MG,<br>400 MG                            | PS        | PA; QL                |                                                                                                                |
| ivabradine oral tablet 5 mg, 7.5 mg                               | PG        | PA                    |                                                                                                                |
| LODOCO ORAL TABLET 0.5 MG                                         | FE        |                       | colchicine                                                                                                     |
| MYQORZO ORAL TABLET 10 MG,<br>15 MG, 20 MG, 5 MG                  | PS        | PA; QL                |                                                                                                                |
| ranolazine oral tablet extended release<br>12 hr 1,000 mg, 500 mg | PG        |                       |                                                                                                                |
| sacubitril-valsartan oral tablet 24-26 mg,<br>49-51 mg, 97-103 mg | PG        | QL                    |                                                                                                                |
| TRYVIO ORAL TABLET 12.5 MG                                        | FE        |                       | amlodipine besylate, atenolol,<br>benazepril hcl, diltiazem hcl,<br>doxazosin mesylate,<br>hydrochlorothiazide |
| VANRAFIA ORAL TABLET 0.75 MG                                      | PS        | PA                    |                                                                                                                |
| VECAMYL ORAL TABLET 2.5 MG                                        | NPB       | PA                    | clonidine hcl, RESERPINE                                                                                       |
| VERQUVO ORAL TABLET 10 MG,<br>2.5 MG, 5 MG                        | PB        | QL                    |                                                                                                                |
| VYNDAMAX ORAL CAPSULE 61<br>MG                                    | PS        | LA                    |                                                                                                                |
| VYND AQEL ORAL CAPSULE 20 MG                                      | PS        | LA                    |                                                                                                                |
| <b>NITRATES</b>                                                   |           |                       |                                                                                                                |
| GONITRO SUBLINGUAL POWDER<br>IN PACKET 400 MCG                    | NPB       |                       | nitroglycerin, nitroglycerin                                                                                   |
| ISORDIL ORAL TABLET 40 MG                                         | NPB       |                       | isosorbide dinitrate                                                                                           |

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| ISORDIL TITRADOSE ORAL<br>TABLET 5 MG                                                                         | NPB       |                       | isosorbide dinitrate                   |
| isosorbide dinitrate oral tablet 10 mg, 20<br>mg, 30 mg, 40 mg, 5 mg                                          | PG        |                       |                                        |
| isosorbide mononitrate oral tablet 10 mg,<br>20 mg                                                            | PG        |                       |                                        |
| isosorbide mononitrate oral tablet<br>extended release 24 hr 120 mg, 30 mg,<br>60 mg                          | PG        |                       |                                        |
| nitro-bid transdermal ointment 2 %                                                                            | PG        |                       |                                        |
| NITRO-DUR TRANSDERMAL<br>PATCH 24 HOUR 0.1 MG/HR, 0.2<br>MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6<br>MG/HR, 0.8 MG/HR | NPB       |                       | nitroglycerin                          |
| nitroglycerin sublingual tablet 0.3 mg,<br>0.4 mg, 0.6 mg                                                     | PG        |                       |                                        |
| nitroglycerin transdermal ointment 2 %                                                                        | PG        |                       |                                        |
| nitroglycerin transdermal patch 24 hour<br>0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6<br>mg/hr                      | PG        |                       |                                        |
| nitroglycerin translingual spray,non-<br>aerosol 400 mcg/spray                                                | PG        |                       |                                        |
| NITROLINGUAL TRANSLINGUAL<br>SPRAY, NON-AEROSOL 400<br>MCG/SPRAY                                              | NPB       |                       | nitroglycerin                          |
| NITROMIST TRANSLINGUAL<br>AEROSOL, SPRAY 400 MCG/SPRAY                                                        | NPB       |                       | nitroglycerin                          |
| NITROSTAT SUBLINGUAL TABLET<br>0.3 MG, 0.4 MG, 0.6 MG                                                         | NPB       |                       | nitroglycerin                          |
| nitro-time oral capsule, extended release<br>2.5 mg, 6.5 mg, 9 mg                                             | PG        |                       |                                        |
| <b>DERMATOLOGICALS/TOPI<br/>CAL THERAPY</b>                                                                   |           |                       |                                        |
| <b>ANTIPSORIATIC /<br/>ANTISEBORRHEIC</b>                                                                     |           |                       |                                        |
| acitretin oral capsule 10 mg, 17.5 mg, 25<br>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<br>PREFERRED<br>ALTERNATIVES                                                                   |
|-------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------|
| ANALPRAM-HC TOPICAL LOTION<br>2.5-1 %                             | NPB       | ST                    | hc pramoxine, pramoxine hcl<br>w/hydrocortisone                                                          |
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>160 MG/ML   | FE        |                       | IMULDOSA, SELARSDI,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>320 MG/2 ML | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TALTZ AUTOINJECTOR,<br>TREMIFYA                              |
| BIMZELX SUBCUTANEOUS<br>SYRINGE 160 MG/ML                         | FE        |                       | IMULDOSA, SELARSDI,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| BIMZELX SUBCUTANEOUS<br>SYRINGE 320 MG/2 ML                       | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TALTZ AUTOINJECTOR,<br>TREMIFYA                              |
| calcipotriene scalp solution 0.005 %                              | PG        | QL                    |                                                                                                          |
| calcipotriene topical cream 0.005 %                               | PG        | QL                    |                                                                                                          |
| CALCIPOTRIENE TOPICAL FOAM<br>0.005 %                             | FE        |                       | calcipotriene, calcitriol                                                                                |
| calcipotriene topical ointment 0.005 %                            | PG        | QL                    |                                                                                                          |
| calcipotriene-betamethasone topical<br>ointment 0.005-0.064 %     | PG        | QL                    |                                                                                                          |
| calcipotriene-betamethasone topical<br>suspension 0.005-0.064 %   | PG        | QL                    |                                                                                                          |
| calcitriol topical ointment 3 mcg/gram                            | PG        |                       |                                                                                                          |
| CIPOTREX TOPICAL KIT 0.005 %                                      | FE        |                       |                                                                                                          |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML        | FE        |                       | TALTZ AUTOINJECTOR,<br>ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TREMIFYA                              |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                      |
|-------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------|
| COSENTYX INTRAVENOUS<br>SOLUTION 25 MG/ML                         | FE        |                       | TALTZ AUTOINJECTOR,<br>ENBREL, OTEZLA,<br>SKYRIZI, SOTYKTU,<br>TREMIFYA     |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR<br>150 MG/ML   | FE        |                       | TALTZ AUTOINJECTOR,<br>ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TREMIFYA |
| COSENTYX PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML               | FE        |                       | TALTZ AUTOINJECTOR,<br>ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TREMIFYA |
| COSENTYX SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 75 MG/0.5 ML          | FE        |                       | TALTZ AUTOINJECTOR,<br>ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TREMIFYA |
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR<br>300 MG/2 ML | FE        |                       | TALTZ AUTOINJECTOR,<br>ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TREMIFYA |
| DIOCHLOY TOPICAL SOLUTION<br>0.05-0.005 %                         | FE        |                       |                                                                             |
| DIOOXIA TOPICAL CREAM 0.005-4<br>%                                | FE        |                       |                                                                             |
| drithocrema hp topical cream 1 %                                  | FE        |                       |                                                                             |
| ENSTILAR TOPICAL FOAM 0.005-<br>0.064 %                           | PB        | QL                    |                                                                             |
| EPIFOAM TOPICAL FOAM 1-1 %                                        | NPB       | ST                    | hc pramoxine                                                                |
| HYDROCORTISONE-PRAMOXINE<br>TOPICAL CREAM 2.35-1 %                | FE        |                       |                                                                             |
| hydrocortisone-pramoxine topical cream<br>2.5-1 %                 | PG        | ST                    |                                                                             |
| ICOTYDE ORAL TABLET 200 MG                                        | PS        | PA; LA                |                                                                             |
| ILUMYA SUBCUTANEOUS<br>SYRINGE 100 MG/ML                          | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TALTZ AUTOINJECTOR,<br>TREMIFYA |
| IMULDOSA INTRAVENOUS<br>SOLUTION 130 MG/26 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<br>PREFERRED<br>ALTERNATIVES               |
|-------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------|
| IMULDOSA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML                       | PS        | PA; QL                |                                                      |
| OTULFI INTRAVENOUS SOLUTION<br>130 MG/26 ML                                   | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| OTULFI SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                  | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| OTULFI SUBCUTANEOUS SYRINGE<br>45 MG/0.5 ML, 90 MG/ML                         | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| PLENURA TOPICAL SOLUTION<br>0.05-0.005 %                                      | FE        |                       |                                                      |
| PLEXION NS TOPICAL SHAMPOO<br>9.8 %                                           | NPB       |                       | sodium sulfacetamide                                 |
| PRAMOSONE TOPICAL CREAM 1-1<br>%                                              | NPB       | ST                    | hc pramoxine                                         |
| PRAMOSONE TOPICAL LOTION 1-1<br>%, 2.5-1 %                                    | NPB       | ST                    | hc pramoxine                                         |
| PRAMOSONE TOPICAL OINTMENT<br>1-1 %, 2.5-1 %                                  | NPB       | ST                    | hc pramoxine                                         |
| PURAZIL TOPICAL CREAM 0.005-4<br>%                                            | FE        |                       |                                                      |
| PYZCHIVA AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>45 MG/0.5 ML, 90 MG/ML | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| PYZCHIVA INTRAVENOUS<br>SOLUTION 130 MG/26 ML                                 | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| PYZCHIVA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| PYZCHIVA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML                       | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| SELARSDI INTRAVENOUS<br>SOLUTION 130 MG/26 ML                                 | PS        | PA; LA                |                                                      |
| SELARSDI SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                | PS        | PA; QL; LA            |                                                      |

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

| Drug Name                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                      |
|----------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------|
| SELARSDI SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML  | PS        | PA; QL; LA            |                                                                             |
| selenium sulfide topical lotion 2.5 %                    | PG        |                       |                                                                             |
| selenium sulfide topical shampoo 2.25<br>%, 2.3 %        | PG        |                       |                                                                             |
| SILIQ SUBCUTANEOUS SYRINGE<br>210 MG/1.5 ML              | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TALTZ AUTOINJECTOR,<br>TREMIFYA |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML           | PS        | PA; QL; LA            |                                                                             |
| SKYRIZI SUBCUTANEOUS<br>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<br>SOLUTION 60 MG/ML                 | PS        | PA; LA                |                                                                             |
| SPEVIGO SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 300 MG/2 ML   | NPS       | PA; LA                |                                                                             |
| STARJEMZA INTRAVENOUS<br>SOLUTION 130 MG/26 ML           | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                        |
| STARJEMZA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML          | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                        |
| STARJEMZA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                        |
| STELARA INTRAVENOUS<br>SOLUTION 130 MG/26 ML             | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                        |
| STELARA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML            | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                        |
| STELARA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML   | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                        |

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

| Drug Name                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES               |
|--------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------|
| STEQEYMA INTRAVENOUS<br>SOLUTION 130 MG/26 ML                                  | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| STEQEYMA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                 | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| STEQEYMA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML                        | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| sulfacetamide sodium topical cleanser 10<br>%                                  | PG        |                       |                                                      |
| sulfacetamide sodium topical cleanser,<br>gel 10 %                             | PG        |                       |                                                      |
| sulfacetamide sodium topical shampoo<br>10 %, 9.8 %                            | PG        |                       |                                                      |
| TACLONEX TOPICAL SUSPENSION<br>0.005-0.064 %                                   | FE        |                       | calcipotriene-betamethasone                          |
| TALTZ AUTOINJECTOR (2 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR<br>80 MG/ML          | PS        | PA; QL; LA            |                                                      |
| TALTZ AUTOINJECTOR (3 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR<br>80 MG/ML          | PS        | PA; QL; LA            |                                                      |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>80 MG/ML                   | PS        | PA; QL; LA            |                                                      |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 20 MG/0.25 ML, 40 MG/0.5<br>ML, 80 MG/ML | PS        | PA; QL; LA            |                                                      |
| TREMFYA INTRAVENOUS<br>SOLUTION 200 MG/20 ML (10<br>MG/ML)                     | PS        | PA; LA                |                                                      |
| TREMFYA ONE-PRESS<br>SUBCUTANEOUS AUTO-INJECTOR<br>100 MG/ML                   | PS        | PA; QL; LA            |                                                      |
| TREMFYA PEN INDUCTION<br>PK(2PEN) SUBCUTANEOUS PEN<br>INJECTOR 200 MG/2 ML     | PS        | PA; QL; LA            |                                                      |

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

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>      |
|--------------------------------------------------------------------|------------------|------------------------------|------------------------------------------------------|
| TREMFYA PEN SUBCUTANEOUS<br>PEN INJECTOR 100 MG/ML, 200<br>MG/2 ML | PS               | PA; QL; LA                   |                                                      |
| TREMFYA SUBCUTANEOUS<br>SYRINGE 100 MG/ML, 200 MG/2 ML             | PS               | PA; QL; LA                   |                                                      |
| TRIONEX TOPICAL KIT 0.005 %                                        | FE               |                              |                                                      |
| USTEKINUMAB INTRAVENOUS<br>SOLUTION 130 MG/26 ML                   | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| USTEKINUMAB SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                  | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| USTEKINUMAB SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML         | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| USTEKINUMAB-AAUZ<br>SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML, 90 MG/ML | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| USTEKINUMAB-AEKN<br>SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML, 90 MG/ML | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| USTEKINUMAB-TTWE<br>INTRAVENOUS SOLUTION 130<br>MG/26 ML           | PS               | PA; LA                       |                                                      |
| USTEKINUMAB-TTWE<br>SUBCUTANEOUS SOLUTION 45<br>MG/0.5 ML          | PS               | PA; QL; LA                   |                                                      |
| USTEKINUMAB-TTWE<br>SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML, 90 MG/ML | PS               | PA; QL; LA                   |                                                      |
| VECTICAL TOPICAL OINTMENT 3<br>MCG/GRAM                            | NPB              |                              | calcitriol                                           |
| VTAMA TOPICAL CREAM 1 %                                            | PB               | ST; QL                       |                                                      |
| WEZLANA INTRAVENOUS<br>SOLUTION 130 MG/26 ML                       | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |
| WEZLANA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                      | FE               |                              | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK |

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



| Drug Name                                               | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                            |
|---------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| WEZLANA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML  | FE        |                       | IMULDOSA, SELARSDI,<br>USTEKINUMAB-TTWE,<br>YESINTEK                                                                                              |
| WYNZORA TOPICAL CREAM 0.005-<br>0.064 %                 | NPB       | QL                    | amcinonide, betamethasone<br>dipropionate, betamethasone<br>dp augmented, clobetasol<br>propionate, calcipotriene,<br>calcipotriene-betamethasone |
| YESINTEK INTRAVENOUS<br>SOLUTION 130 MG/26 ML           | PS        | PA; LA                |                                                                                                                                                   |
| YESINTEK SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML          | PS        | PA; QL; LA            |                                                                                                                                                   |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML, 90 MG/ML | PS        | PA; QL; LA            |                                                                                                                                                   |
| ZITHRANOL TOPICAL SHAMPOO 1<br>%                        | FE        |                       |                                                                                                                                                   |
| ZORYVE TOPICAL CREAM 0.05 %                             | PB        | ST                    |                                                                                                                                                   |
| ZORYVE TOPICAL CREAM 0.15 %                             | PB        | ST; QL                |                                                                                                                                                   |
| ZORYVE TOPICAL CREAM 0.3 %                              | NPB       | ST; QL                | betamethasone valerate,<br>calcipotriene, clobetasol e,<br>desoximetasone, fluocinonide,<br>ENSTILAR, VTAMA                                       |
| ZORYVE TOPICAL FOAM 0.3 %                               | NPB       | ST; QL                | betamethasone valerate,<br>ciclopirox, clobetasol e,<br>desonide, fluocinonide,<br>ketoconazole, mometasone<br>furoate                            |
| <b>BURN THERAPY</b>                                     |           |                       |                                                                                                                                                   |
| SILVADENE TOPICAL CREAM 1 %                             | NPB       |                       | silver sulfadiazine                                                                                                                               |
| silver sulfadiazine topical cream 1 %                   | PG        |                       |                                                                                                                                                   |
| ssd topical cream 1 %                                   | PG        |                       |                                                                                                                                                   |
| <b>KERATOLYTICS</b>                                     |           |                       |                                                                                                                                                   |
| 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                                                                                                                                         |

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

| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| RAYASAL TOPICAL CREAM 5.9 %                                            | FE               |                              |                                                 |
| SALICATE TOPICAL LIQUID 10 %                                           | FE               |                              |                                                 |
| salicylic acid topical cream 6 %                                       | FE               |                              |                                                 |
| salicylic acid topical cream,extended<br>release 6 %                   | FE               |                              |                                                 |
| salicylic acid topical film forming liquid<br>w/appl 27.5 %            | FE               |                              |                                                 |
| salicylic acid topical film-forming soln<br>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<br>release 6 %                  | FE               |                              |                                                 |
| salicylic acid topical ointment 3 %                                    | FE               |                              |                                                 |
| salicylic acid topical shampoo 6 %                                     | FE               |                              |                                                 |
| salicylic acid-ceramides no.1 topical<br>kit,cleanser and cream er 6 % | FE               |                              |                                                 |
| SALIMEZ FORTE TOPICAL CREAM<br>10 %                                    | FE               |                              |                                                 |
| salimez topical cream 6 %                                              | FE               |                              |                                                 |
| salycim topical cream 6 %                                              | FE               |                              |                                                 |
| ULTRASAL-ER TOPICAL FILM-<br>FORMING SOLN ER W/ APPL 28.5 %            | FE               |                              |                                                 |
| VIRASAL TOPICAL FILM FORMING<br>LIQUID W/APPL 27.5 %                   | FE               |                              | salicylic acid                                  |
| WAYZEN TOPICAL GEL 40-5 %                                              | FE               |                              |                                                 |
| XALIX TOPICAL FILM-FORMING<br>SOLN ER W/ APPL 28 %                     | FE               |                              |                                                 |
| <b>MISCELLANEOUS<br/>DERMATOLOGICALS</b>                               |                  |                              |                                                 |
| abravo topical emulsion                                                | FE               |                              |                                                 |
| ADBRY SUBCUTANEOUS AUTO-<br>INJECTOR 300 MG/2 ML                       | PS               | PA; QL; LA                   |                                                 |

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

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                              |
|--------------------------------------------------------------------------|------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| ADBRY SUBCUTANEOUS SYRINGE<br>150 MG/ML                                  | PS               | PA; QL; LA                   |                                                                                                              |
| AMELUZ TOPICAL GEL 10 %                                                  | NPB              |                              |                                                                                                              |
| ANZUPGO TOPICAL CREAM 2 %                                                | PS               | QL                           |                                                                                                              |
| avo cream topical emulsion                                               | FE               |                              |                                                                                                              |
| CARAC TOPICAL CREAM 0.5 %                                                | FE               |                              | fluorouracil, fluorouracil,<br>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,<br>200 MG, 50 MG                             | PS               | PA; QL; LA                   |                                                                                                              |
| CONDYLOX TOPICAL GEL 0.5 %                                               | FE               |                              | podofilox                                                                                                    |
| CORTANE-B TOPICAL LOTION 1-1-<br>0.1 %                                   | NPB              |                              | hc pramoxine                                                                                                 |
| DAZINIA TOPICAL CREAM 2-1-2.5<br>%                                       | FE               |                              |                                                                                                              |
| dermacure topical cream 41 %                                             | 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,<br>desonide, fluocinolone<br>acetone, hydrocortisone,<br>hydrocortisone valerate |
| DRYSOL DAB-O-MATIC TOPICAL<br>SOLUTION 20 %                              | FE               |                              | BROMI-LOTION                                                                                                 |
| DUPIXENT PEN SUBCUTANEOUS<br>PEN INJECTOR 200 MG/1.14 ML, 300<br>MG/2 ML | PS               | PA; QL; LA                   |                                                                                                              |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 200<br>MG/1.14 ML, 300 MG/2 ML  | PS               | PA; QL; LA                   |                                                                                                              |
| EBGLYSS PEN SUBCUTANEOUS<br>PEN INJECTOR 250 MG/2 ML                     | PS               | PA; QL; LA                   |                                                                                                              |

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

| Drug Name                                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES      |
|----------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------|
| EBGLYSS SYRINGE<br>SUBCUTANEOUS SYRINGE 250<br>MG/2 ML                           | PS        | PA; LA                |                                             |
| EFUDEX TOPICAL CREAM 5 %                                                         | NPB       |                       | fluorouracil                                |
| ELYZIA (WITH HYALURONATE)<br>TOPICAL CREAM 0.1-1-4 %                             | FE        |                       |                                             |
| ELYZIA TOPICAL OINTMENT 0.1-4<br>%                                               | FE        |                       |                                             |
| emulsion sb topical emulsion                                                     | FE        |                       |                                             |
| ENTTY TOPICAL SPRAY, NON-<br>AEROSOL                                             | FE        |                       |                                             |
| EPICERAM TOPICAL EMULSION,<br>EXTENDED RELEASE                                   | FE        |                       | emulsion sb                                 |
| EUCRISA TOPICAL OINTMENT 2 %                                                     | PB        | ST; QL                |                                             |
| FLUOROURACIL TOPICAL CREAM<br>0.5 %                                              | FE        |                       | fluorouracil, fluorouracil,<br>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<br>gel                                  | FE        |                       |                                             |
| hpr plus topical cream                                                           | FE        |                       |                                             |
| hpr plus topical foam                                                            | FE        |                       |                                             |
| HPR PLUS-MB HYDROGEL<br>TOPICAL COMBO PACK, GEL AND<br>FOAM 96.53-3-0.4 -0.066 % | FE        |                       |                                             |
| hpr topical foam                                                                 | FE        |                       |                                             |
| HYFTOR TOPICAL GEL 0.2 %                                                         | NPS       | PA                    |                                             |
| imiquimod topical cream in metered-<br>dose pump 3.75 %                          | PG        |                       |                                             |
| imiquimod topical cream in packet 3.75<br>%, 5 %                                 | PG        |                       |                                             |
| IODOFLEX TOPICAL PADS,<br>MEDICATED 0.9 %                                        | NPB       |                       |                                             |
| IODOSORB TOPICAL GEL 0.9 %                                                       | 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<br>PREFERRED<br>ALTERNATIVES                                                                                 |
|----------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| 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<br>TOPICAL SPRAY GEL                   | FE        |                       |                                                                                                                        |
| LEVICYN ANTIPRURITIC TOPICAL<br>GEL                            | FE        |                       |                                                                                                                        |
| LEVULAN TOPICAL SOLUTION 20<br>%                               | NPB       |                       |                                                                                                                        |
| LOYON TOPICAL SPRAY, NON-<br>AEROSOL                           | FE        |                       |                                                                                                                        |
| LUXAMEND TOPICAL CREAM                                         | FE        |                       |                                                                                                                        |
| mb hydrogel (cyclomethicone) topical<br>kit, cream and gel     | FE        |                       |                                                                                                                        |
| mb hydrogel topical kit, cream and gel<br>96.53-3-0.4 -0.066 % | FE        |                       |                                                                                                                        |
| METDRAY TOPICAL GEL 17-2 %                                     | FE        |                       |                                                                                                                        |
| methoxsalen oral capsule, liqd-<br>filled, rapid rel 10 mg     | PG        |                       |                                                                                                                        |
| methyl salicylate oil                                          | PG        |                       |                                                                                                                        |
| methyl salicylate topical liquid                               | PG        |                       |                                                                                                                        |
| MICURADERM TOPICAL<br>EMULSION                                 | FE        |                       |                                                                                                                        |
| NEOSALUS TOPICAL CREAM                                         | FE        |                       | prumyx                                                                                                                 |
| NEOSALUS TOPICAL LOTION                                        | FE        |                       | prumyx                                                                                                                 |
| NORMLGEL AG TOPICAL GEL 0.11<br>%                              | NPB       |                       |                                                                                                                        |
| NUJO TOPICAL SOLUTION 0.1 %                                    | FE        |                       |                                                                                                                        |
| NUJU TOPICAL CREAM 0.1 %                                       | FE        |                       |                                                                                                                        |
| NUTRASEB TOPICAL CREAM                                         | FE        |                       |                                                                                                                        |
| OPZELURA TOPICAL CREAM 1.5 %                                   | NPB       | PA; QL                | pimecrolimus, tacrolimus,<br>betamethasone dipropionate,<br>fluocinonide, triamcinolone<br>acetonide, VTAMA,<br>ZORYVE |

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

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                |
|------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------------------------------------------------|
| OXIANUJO (WITH HYALURONATE)<br>TOPICAL CREAM 0.1-1-4 %     | FE               |                              |                                                                                                                |
| OXIANUJO TOPICAL OINTMENT<br>0.1-4 %                       | FE               |                              |                                                                                                                |
| PANRETIN TOPICAL GEL 0.1 %                                 | NPB              |                              |                                                                                                                |
| PHEODOYO TOPICAL CREAM 2-1-<br>2.5 %                       | FE               |                              |                                                                                                                |
| pimecrolimus topical cream 1 %                             | PG               | ST; QL                       |                                                                                                                |
| podofilox topical gel 0.5 %                                | PG               | QL                           |                                                                                                                |
| podofilox topical solution 0.5 %                           | PG               |                              |                                                                                                                |
| PROMISEB TOPICAL CREAM                                     | FE               |                              | selenium sulfide, sodium<br>sulfacetamide                                                                      |
| PRONAL TOPICAL GEL 10-40 %                                 | FE               |                              |                                                                                                                |
| pruclair topical cream                                     | FE               |                              |                                                                                                                |
| prudoxin topical cream 5 %                                 | FE               |                              | alclometasone dipropionate,<br>desonide, fluocinolone<br>acetonide, hydrocortisone,<br>hydrocortisone valerate |
| prumyx topical cream                                       | FE               |                              |                                                                                                                |
| QBREXZA TOPICAL TOWELETTE<br>2.4 %                         | FE               |                              | BROMI-LOTION                                                                                                   |
| QUIDROXZAR TOPICAL GEL 5-0.1-<br>30 %                      | FE               |                              |                                                                                                                |
| QUIHOXAXIA TOPICAL GEL 5-1-2<br>%                          | FE               |                              |                                                                                                                |
| QUIHOXVAR TOPICAL GEL 5-0.05-1<br>%                        | FE               |                              |                                                                                                                |
| QUTENZA TOPICAL KIT 8 %                                    | FE               |                              | lidocaine                                                                                                      |
| RYNODERM TOPICAL CREAM 37.5<br>%                           | FE               |                              |                                                                                                                |
| SCENESSE SUBCUTANEOUS<br>IMPLANT 16 MG                     | NPS              | PA                           |                                                                                                                |
| SEBUDERM TOPICAL GEL                                       | FE               |                              |                                                                                                                |
| silver nitrate applicators topical stick 75-<br>25 %       | FE               |                              |                                                                                                                |
| silver nitrate topical solution 0.5 %, 10<br>%, 25 %, 50 % | 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<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| SOFDRA TOPICAL GEL WITH PUMP<br>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 %, 50 %            | FE        |                       |                                        |
| UREA TOPICAL CREAM 39.5 %                                  | FE        |                       |                                        |
| urea topical foam 35 %                                     | FE        |                       |                                        |
| urea topical gel 45 %                                      | FE        |                       |                                        |
| urea topical lotion 40 %                                   | FE        |                       |                                        |
| 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<br>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        |                       |                                        |
| YCANTH TOPICAL SOLUTION<br>WITH APPLICATOR 0.7 %           | NPS       | LA                    |                                        |
| ZELSUVMI TOPICAL GEL 10.3 %                                | FE        |                       |                                        |
| ZEVASKYN TOPICAL SHEET 5.5 X<br>7.5 CM                     | NPS       |                       |                                        |

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

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



| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>         |
|-----------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------|
| 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 DUAL TOPICAL CREAM 6-5-2 %                                  | FE               |                              |                                                         |
| ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 %                             | 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<br>PREFERRED<br>ALTERNATIVES                                                                |
|--------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------|
| ALURIS TOPICAL GEL 0.05-4 %                      | FE        |                       |                                                                                                       |
| ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 %          | 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        |                       |                                                                                                       |
| amnestem 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        | ST                    |                                                                                                       |
| 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        |                       |                                                                                                       |

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

| Drug Name                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                        |
|-----------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AVIDORA HP TOPICAL CREAM<br>0.05-1-4 %              | FE        |                       |                                                                                                                                                               |
| AVIDORA TOPICAL CREAM 0.025-<br>1-4 %               | FE        |                       |                                                                                                                                                               |
| AVIDORA TOPICAL SOLUTION<br>0.025-1-4 %             | FE        |                       |                                                                                                                                                               |
| AWANIS TOPICAL CREAM 0.025-<br>8.5-2 %              | FE        |                       |                                                                                                                                                               |
| AZALTA HP TOPICAL GEL 0.05-5-2<br>%                 | FE        |                       |                                                                                                                                                               |
| AZALTA TOPICAL GEL 0.025-5-2 %                      | FE        |                       |                                                                                                                                                               |
| azelaic acid topical gel 15 %                       | PG        |                       |                                                                                                                                                               |
| AZELEX TOPICAL CREAM 20 %                           | NPB       | ST                    | adapalene, clindamycin<br>phosphate, ivermectin,<br>metronidazole, tazarotene,<br>tretinoin, FINACEA                                                          |
| BAXONIL TOPICAL OINTMENT 1-2<br>%                   | FE        |                       |                                                                                                                                                               |
| BENZAMYCIN TOPICAL GEL 3-5 %                        | NPB       | ST                    | erythromycin-benzoyl<br>peroxide                                                                                                                              |
| BENZEPRO (MICROSPHERES)<br>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<br>%         | PG        | PA                    |                                                                                                                                                               |
| CABTREO TOPICAL GEL 0.15-3.1-1.2<br>%               | FE        |                       | adapalene, adapalene-benzoyl<br>peroxide, benzoyl peroxide,<br>clindamycin phosphate,<br>clindamycin-benzoyl<br>peroxide, tretinoin, tretinoin<br>microsphere |
| claravis oral capsule 10 mg, 20 mg, 30<br>mg, 40 mg | PG        |                       |                                                                                                                                                               |
| cleansing wash topical cleanser 10-4-10<br>%        | 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<br>PREFERRED<br>ALTERNATIVES                                    |
|-------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|
| CLENIA PLUS TOPICAL<br>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,<br>clindacin etz                                   |
| clindacin etz topical swab 1 %                                                | PG        |                       |                                                                           |
| clindacin p topical swab 1 %                                                  | PG        |                       |                                                                           |
| CLINDACIN PAC TOPICAL KIT 1 %                                                 | NPB       | ST                    | clindamycin phosphate,<br>clindacin etz                                   |
| clindacin topical foam 1 %                                                    | PG        | ST; QL                |                                                                           |
| CLINDAGEL TOPICAL GEL, ONCE<br>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<br>daily 1 %                          | PG        | ST; QL                |                                                                           |
| clindamycin phosphate topical lotion 1<br>%                                   | PG        | QL                    |                                                                           |
| clindamycin phosphate topical solution 1<br>%                                 | PG        | QL                    |                                                                           |
| clindamycin phosphate topical swab 1 %                                        | PG        |                       |                                                                           |
| clindamycin-benzoyl peroxide topical<br>gel 1-5 %, 1.2 %(1 % base) -5 %       | PG        |                       |                                                                           |
| clindamycin-benzoyl peroxide topical<br>gel with pump 1.2 %(1 % base) -3.75 % | PG        | ST                    |                                                                           |
| clindamycin-benzoyl peroxide topical<br>gel with pump 1-5 %, 1.2-2.5 %        | PG        |                       |                                                                           |
| clindamycin-tretinoin topical gel 1.2-<br>0.025 %                             | PG        |                       |                                                                           |
| dapsone topical gel 5 %                                                       | PG        |                       |                                                                           |
| DAPSONE TOPICAL GEL 7.5 %                                                     | FE        |                       | azelaic acid, dapsone,<br>clindamycin phosphate,<br>erythromycin, FINACEA |
| dapsone topical gel with pump 7.5 %                                           | PG        |                       |                                                                           |
| DAZAVEIDAOXIA TOPICAL GEL<br>0.25-1-1-4 %                                     | FE        |                       |                                                                           |
| DAZOMON TOPICAL GEL 0.25 %                                                    | 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.

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| DEOXIA TOPICAL GEL 1-4 %                   | FE               |                              |                                                 |
| DEOXIA TOPICAL LOTION 1-4 %                | FE               |                              |                                                 |
| DEOXIADMTAR TOPICAL GEL<br>0.025-1-2-4 %   | FE               |                              |                                                 |
| DEOXIATAR TOPICAL SOLUTION<br>0.025-1-4 %  | FE               |                              |                                                 |
| DEOXIAXAR TOPICAL CREAM<br>0.05-1-4 %      | FE               |                              |                                                 |
| DIADIMAXIA TOPICAL CREAM 6-5-<br>2 %       | FE               |                              |                                                 |
| DIADIMAXIA TOPICAL GEL 6-5-2 %             | FE               |                              |                                                 |
| DIAOXIA TOPICAL CREAM 6-4 %                | FE               |                              |                                                 |
| DIAOXIA TOPICAL GEL 6-4 %                  | FE               |                              |                                                 |
| DIASAXIATAR TOPICAL CREAM<br>0.025-8.5-2 % | FE               |                              |                                                 |
| DIASAXIATAR TOPICAL GEL 0.025-<br>8.5-2 %  | FE               |                              |                                                 |
| DIASDIMAXIA TOPICAL CREAM<br>8.5-5-2 %     | FE               |                              |                                                 |
| DIASDIMAXIA TOPICAL GEL 8.5-5-<br>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<br>PUMP 0.3 %    | NPB              | ST                           | adapalene                                       |
| DIFFERIN TOPICAL LOTION 0.1 %              | NPB              | ST                           | adapalene, tretinoin, tretinoin<br>microsphere  |
| DIMOXIA TOPICAL GEL 5-4 %                  | FE               |                              |                                                 |
| DRAXACE TOPICAL SUSPENSION<br>2-8 %        | FE               |                              |                                                 |
| DRAXACEY TOPICAL SUSPENSION<br>2-8 %       | FE               |                              |                                                 |
| DRIXECE TOPICAL SUSPENSION 5-<br>10 %      | FE               |                              |                                                 |
| ECEOXIA TOPICAL CREAM 10-4 %               | 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.

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                        |
|---------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------------------------------|
| EPIDUO FORTE TOPICAL GEL<br>WITH PUMP 0.3-2.5 %         | NPB              | ST                           | adapalene-benzoyl peroxide                                                             |
| EPSOLAY TOPICAL CREAM 5 %                               | FE               |                              | azelaic acid, ivermectin,<br>metronidazole, sodium<br>sulfacetamide-sulfur,<br>FINACEA |
| ery pads topical swab 2 %                               | PG               |                              |                                                                                        |
| erythromycin with ethanol topical gel 2<br>%            | PG               |                              |                                                                                        |
| erythromycin with ethanol topical<br>solution 2 %       | PG               |                              |                                                                                        |
| erythromycin-benzoyl peroxide topical<br>gel 3-5 %      | PG               |                              |                                                                                        |
| ETHOXIA TOPICAL CREAM 0.05-4<br>%                       | FE               |                              |                                                                                        |
| FABIOR TOPICAL FOAM 0.1 %                               | FE               |                              | tazarotene, tretinoin, tretinoin<br>microsphere                                        |
| FINACEA TOPICAL FOAM 15 %                               | PB               | ST                           |                                                                                        |
| IDARAN TOPICAL OINTMENT 1-2 %                           | FE               |                              |                                                                                        |
| IDYYXIATAR TOPICAL GEL 0.025-5<br>%                     | FE               |                              |                                                                                        |
| INZDEAXIATAR TOPICAL GEL<br>0.025-2.5-1-2 %             | FE               |                              |                                                                                        |
| INZDEAXIATAR TOPICAL GEL<br>0.05-2.5-1-2 %              | FE               |                              |                                                                                        |
| INZDEOXIA TOPICAL GEL 2.5-1-4 %                         | FE               |                              |                                                                                        |
| isotretinoin oral capsule 10 mg, 20 mg,<br>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<br>GEL 0.05-10-2-4-4 %        | FE               |                              |                                                                                        |
| MELZARA TOPICAL CREAM 10-6-2<br>%                       | FE               |                              |                                                                                        |
| METROCREAM TOPICAL CREAM<br>0.75 %                      | NPB              | ST                           | metronidazole                                                                          |

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

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| METROGEL TOPICAL GEL 1 %                              | NPB              | ST                           | metronidazole                                   |
| metronidazole topical cream 0.75 %                    | PG               |                              |                                                 |
| metronidazole topical gel 0.75 %, 1 %                 | PG               |                              |                                                 |
| metronidazole topical gel with pump 1 %               | PG               |                              |                                                 |
| metronidazole topical lotion 0.75 %                   | PG               |                              |                                                 |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 %                  | PB               | PA                           |                                                 |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %   | NPB              | ST                           |                                                 |
| neuac topical gel 1.2 %(1 % base) -5 %                | PG               |                              |                                                 |
| NORITATE TOPICAL CREAM 1 %                            | FE               |                              | 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                                |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| PLEXION CLEANSING CLOTHS<br>TOPICAL PADS, MEDICATED 9.8-4.8<br>% | NPB       | ST                    | sodium sulfacetamide-sulfur            |
| PLEXION TOPICAL CLEANSER 9.8-<br>4.8 %                           | NPB       | ST                    | sodium sulfacetamide-sulfur            |
| PLEXION TOPICAL CREAM 9.8-4.8<br>%                               | NPB       | ST                    | sodium sulfacetamide-sulfur            |
| PLEXION TOPICAL LOTION 9.8-4.8<br>%                              | NPB       | ST                    | sodium sulfacetamide-sulfur            |
| PR BENZOYL PEROXIDE TOPICAL<br>CLEANSER 7 %                      | NPB       | ST                    |                                        |
| REMYDA TOPICAL GEL 0.25 %                                        | FE        |                       |                                        |
| RENSOTI TOPICAL CREAM 1-1-4 %                                    | FE        |                       |                                        |
| RESTIMO TOPICAL GEL 1-1 %                                        | FE        |                       |                                        |
| RETIN-A MICRO PUMP TOPICAL<br>GEL WITH PUMP 0.06 %, 0.08 %       | NPB       |                       | tretinoin microsphere                  |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %                     | NPB       |                       | tretinoin                              |
| RETIN-A TOPICAL GEL 0.01 %, 0.025<br>%                           | NPB       |                       | tretinoin                              |
| RHOFADE TOPICAL CREAM 1 %                                        | NPB       | PA                    | brimonidine tartrate                   |
| ROCELIX TOPICAL CREAM 1-4 %                                      | FE        |                       |                                        |
| rosadan topical cream 0.75 %                                     | PG        |                       |                                        |
| rosadan topical gel 0.75 %                                       | PG        |                       |                                        |
| ROSDAN TOPICAL KIT,<br>CLEANSER AND GEL 0.75 %                   | NPB       | ST                    | metronidazole                          |
| ROSDAN TOPICAL<br>KIT,CLEANSER AND CREAM 0.75 %                  | NPB       | ST                    | metronidazole                          |
| ROSITARA TOPICAL GEL 1-1-4 %                                     | FE        |                       |                                        |
| ROVIS TOPICAL GEL 0.25-1-1-4 %                                   | FE        |                       |                                        |
| RUMILO TOPICAL CREAM 15-4 %                                      | FE        |                       |                                        |
| SAROXIA TOPICAL CREAM 0.05-4<br>%                                | FE        |                       |                                        |
| SIRVANA TOPICAL GEL 0.025-5 %                                    | FE        |                       |                                        |
| SOOLANTRA TOPICAL CREAM 1 %                                      | NPB       | ST; QL                | ivermectin                             |
| SORIXIA 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.



| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| sss 10-5 topical cream 10-5 % (w/w)                                              | PG               |                              |                                                 |
| sss 10-5 topical foam 10-5 %                                                     | PG               | ST                           |                                                 |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 10-1 %, 8-4 %                       | FE               |                              | sulfacetamide sodium-sulfur                     |
| sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %          | PG               | ST                           |                                                 |
| sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %                 | PG               |                              |                                                 |
| sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %                      | PG               | ST                           |                                                 |
| sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)                           | PG               |                              |                                                 |
| sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 % | PG               | ST                           |                                                 |
| sulfacetamide sodium-sulfur topical pads, medicated 10-4 %                       | PG               |                              |                                                 |
| sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %                     | PG               | ST                           |                                                 |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %                          | FE               |                              | sulfacetamide sodium-sulfur                     |
| sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %                         | FE               |                              |                                                 |
| sulfacetamide-sulfur 9-4% wash                                                   | PG               | ST                           |                                                 |
| 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                     |

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

| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                           |
|---------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------------------------------|
| SUMAXIN TOPICAL PADS,<br>MEDICATED 10-4 %                     | NPB              | ST                           | sodium sulfacetamide-sulfur                                                               |
| SUMAXIN TS TOPICAL<br>SUSPENSION 8-4 %                        | NPB              | ST                           | sodium sulfacetamide-sulfur                                                               |
| TARDEOXIA TOPICAL CREAM<br>0.025-1-4 %                        | FE               |                              |                                                                                           |
| TARDIMAXIA TOPICAL GEL 0.025-<br>5-2 %                        | FE               |                              |                                                                                           |
| TAROXIA TOPICAL CREAM 0.025-4<br>%                            | FE               |                              |                                                                                           |
| TAROXIA TOPICAL GEL 0.025-4 %                                 | FE               |                              |                                                                                           |
| tazarotene topical cream 0.05 %, 0.1 %                        | PG               | ST                           |                                                                                           |
| TAZAROTENE TOPICAL FOAM 0.1<br>%                              | FE               |                              | tazarotene, tretinoin, tretinoin<br>microsphere                                           |
| tazarotene topical gel 0.05 %, 0.1 %                          | PG               | PA                           |                                                                                           |
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 %                           | NPB              | PA                           | tazarotene                                                                                |
| TAZORAC TOPICAL GEL 0.05 %, 0.1<br>%                          | NPB              | PA                           | tazarotene                                                                                |
| tretinoin microspheres topical gel 0.04<br>%, 0.1 %           | PG               |                              |                                                                                           |
| tretinoin microspheres topical gel with<br>pump 0.04 %, 0.1 % | PG               |                              |                                                                                           |
| tretinoin microspheres topical gel with<br>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 %                                  | FE               |                              | adapalene-benzoyl peroxide,<br>benzoyl peroxide, clindamycin<br>phos-tretinoin, tretinoin |
| UNZDOMDIOXIAZAR TOPICAL<br>GEL 0.1-10-2-4-4 %                 | FE               |                              |                                                                                           |
| VANOXIDE-HC TOPICAL<br>SUSPENSION 5-0.5 %                     | NPB              | ST                           |                                                                                           |
| VARDIMAXIA TOPICAL GEL 0.05-5-<br>2 %                         | 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<br>PREFERRED<br>ALTERNATIVES                                                            |
|---------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------|
| VAROXIA TOPICAL CREAM 0.05-4 %                          | FE        |                       |                                                                                                   |
| VAROXIA TOPICAL GEL 0.05-4 %                            | FE        |                       |                                                                                                   |
| WINLEVI TOPICAL CREAM 1 %                               | FE        |                       | azelaic acid, clindamycin phosphate, 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                                                                        |
| ZILXI TOPICAL FOAM 1.5 %                                | FE        |                       | azelaic acid, ivermectin, metronidazole, sodium sulfacetamide-sulfur, FINACEA                     |
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %                    | FE        |                       | sulfacetamide sodium-sulfur                                                                       |
| <b>TOPICAL ANESTHETICS</b>                              |           |                       |                                                                                                   |
| 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        | ST                    |                                                                                                   |
| 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        |                       |                                                                                                   |

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

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| GOPRELTO NASAL SOLUTION 4 %                                | NPB              |                              |                                                 |
| LDO PLUS TOPICAL GEL WITH PUMP 4 %                         | FE               |                              |                                                 |
| lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml) | PG               |                              |                                                 |
| lidocaine hcl topical cream 3 %                            | FE               |                              |                                                 |
| lidocaine hcl-hydrocortison ac topical cream 3-0.5 %       | PG               |                              |                                                 |
| lidocaine topical adhesive patch,medicated 5 %             | PG               | ST                           |                                                 |
| lidocaine topical ointment 5 %                             | PG               | QL                           |                                                 |
| lidocaine-prilocaine topical cream 2.5-2.5 %               | PG               | QL                           |                                                 |
| lidocaine-prilocaine topical kit 2.5-2.5 %                 | PG               |                              |                                                 |
| lidocan iii topical adhesive patch,medicated 5 %           | PG               | ST                           |                                                 |
| lidocan iv topical adhesive patch,medicated 5 %            | PG               | ST                           |                                                 |
| lidocan v topical adhesive patch,medicated 5 %             | PG               | ST                           |                                                 |
| 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               |                              |                                                 |

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

| Drug Name                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                                                                       |
|---------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LIDTOPIC TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 7.5<br>%         | FE        |                       |                                                                                                                                                                                                              |
| LIVIXIL PAK TOPICAL KIT 2.5-2.5 %                                   | FE        |                       | lidocaine-prilocaine, lidocaine<br>hcl                                                                                                                                                                       |
| MOXICAINE TOPICAL KIT 5 %                                           | FE        |                       |                                                                                                                                                                                                              |
| NOLIRA TOPICAL CREAM 23-7 %                                         | FE        |                       |                                                                                                                                                                                                              |
| NUMBONEX TOPICAL LOTION 2.75<br>%                                   | FE        |                       |                                                                                                                                                                                                              |
| NUMBRINO NASAL SOLUTION 4 %                                         | NPB       |                       |                                                                                                                                                                                                              |
| NYNUTEY TOPICAL CREAM 23-7 %                                        | FE        |                       |                                                                                                                                                                                                              |
| PLIAGLIS TOPICAL CREAM 7-7 %                                        | FE        |                       | lidocaine-prilocaine, lidocaine<br>hcl                                                                                                                                                                       |
| PRILO PATCH TOPICAL KIT,<br>PATCH, MEDICATED, CREAM 5-2.5-<br>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<br>PATCH,MEDICATED 1.8 %                    | PB        | ST                    |                                                                                                                                                                                                              |
| <b>TOPICAL ANTIBACTERIALS</b>                                       |           |                       |                                                                                                                                                                                                              |
| ALCORTIN A TOPICAL GEL 2-1-1 %                                      | FE        |                       | hydrocortisone,<br>betamethasone dipropionate,<br>clobetasol propionate,<br>fluocinolone acetonide,<br>fluocinonide, mometasone<br>furoate, mupirocin, (topical<br>steroids AND topical anti-<br>infectives) |
| ALCORTIN A TOPICAL GEL IN<br>PACKET 2-1-1 %                         | FE        |                       | hydrocortisone,<br>betamethasone dipropionate,<br>clobetasol propionate,<br>fluocinolone acetonide,<br>fluocinonide, mometasone<br>furoate, mupirocin, (topical<br>steroids AND topical anti-<br>infectives) |

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

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                            |
| corti-sav topical cream 1-1 %                                  | FE               |                              |                                                 |
| gentamicin topical cream 0.1 %                                 | PG               | QL                           |                                                 |
| gentamicin topical ointment 0.1 %                              | PG               | QL                           |                                                 |
| 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               |                              |                                                 |
| 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                                  |
| <b>TOPICAL ANTIFUNGALS</b>                                     |                  |                              |                                                 |

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

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                 |
|------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------|
| CICLODAN KIT TOPICAL COMBO<br>PACK 0.77 %                  | NPB              |                              |                                                                 |
| CICLODAN KIT TOPICAL<br>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<br>solution 8 %     | FE               |                              | ciclopirox, tavaborole                                          |
| CLOBEZIN TOPICAL COMBO PACK<br>1-0.05-0.44 %               | FE               |                              |                                                                 |
| clotrimazole-betamethasone topical<br>cream 1-0.05 %       | PG               |                              |                                                                 |
| clotrimazole-betamethasone topical<br>lotion 1-0.05 %      | PG               |                              |                                                                 |
| DAFILOR TOPICAL SHAMPOO 0.77-<br>2 %                       | FE               |                              |                                                                 |
| DELIBON TOPICAL CREAM 2-2.5 %                              | FE               |                              |                                                                 |
| DENVITA TOPICAL CREAM 2-4 %                                | FE               |                              |                                                                 |
| DERMACINRX THERAZOLE PAK<br>TOPICAL COMBO PACK 1-0.05-20 % | FE               |                              |                                                                 |
| DIFMETIOXRIME TOPICAL<br>SOLUTION 4-2-1-4 %                | FE               |                              |                                                                 |
| DIONARIS TOPICAL SHAMPOO<br>0.77-0.05-3 %                  | FE               |                              |                                                                 |
| DIVENDO TOPICAL SHAMPOO 0.77-<br>0.05 %                    | FE               |                              |                                                                 |
| econazole nitrate topical cream 1 %                        | PG               |                              |                                                                 |
| ECONAZOLE NITRATE TOPICAL<br>FOAM 1 %                      | FE               |                              | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| ECOZA TOPICAL FOAM 1 %                                     | FE               |                              | econazole nitrate, ciclopirox,<br>clotrimazole, ketoconazole    |

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

| Drug Name                                    | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                          |
|----------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------|
| ERTACZO TOPICAL CREAM 2 %                    | FE        |                       | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| EXELDERM TOPICAL CREAM 1 %                   | NPB       |                       | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| EXELDERM TOPICAL SOLUTION 1 %                | NPB       |                       | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| EXODERM TOPICAL LOTION 25-1 %                | FE        |                       | clotrimazole, ketoconazole,<br>miconazole nitrate               |
| 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                    |                                                                 |

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



| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>           |
|-----------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------|
| klayesta topical powder 100,000 unit/gram                       | PG               |                              |                                                           |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %                        | NPB              |                              | ciclopirox                                                |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %                   | NPB              |                              | ciclopirox                                                |
| LOPROX KIT TOPICAL COMBO PACK 0.77 %                            | NPB              |                              | ciclopirox                                                |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %          | NPB              |                              | ciclopirox                                                |
| LULICONAZOLE TOPICAL CREAM 1 %                                  | FE               |                              | ciclopirox, clotrimazole, econazole nitrate, ketoconazole |
| LUZU TOPICAL CREAM 1 %                                          | FE               |                              | ciclopirox, clotrimazole, econazole nitrate, ketoconazole |
| MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 % | FE               |                              | miconazole nitrate, clotrimazole, ketoconazole, nystatin  |
| naftifine topical cream 1 %, 2 %                                | NPG              |                              | ciclopirox, clotrimazole, econazole nitrate, ketoconazole |
| naftifine topical gel 2 %                                       | NPG              |                              | ciclopirox, clotrimazole, econazole nitrate, ketoconazole |
| NAFTIN TOPICAL GEL 2 %                                          | FE               |                              | ciclopirox, clotrimazole, econazole nitrate, ketoconazole |
| 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               |                              |                                                           |

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

| Drug Name                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                          |
|----------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------|
| oxiconazole topical cream 1 %                      | FE        |                       | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| OXISTAT TOPICAL LOTION 1 %                         | FE        |                       | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| 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, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| SULCONAZOLE TOPICAL<br>SOLUTION 1 %                | FE        |                       | ciclopirox, clotrimazole,<br>econazole nitrate,<br>ketoconazole |
| tavaborole topical solution with<br>applicator 5 % | PG        | ST                    |                                                                 |
| VUSION TOPICAL OINTMENT 0.25-<br>15-81.35 %        | FE        |                       | miconazole nitrate,<br>clotrimazole, ketoconazole,<br>nystatin  |
| <b>TOPICAL ANTIVIRALS</b>                          |           |                       |                                                                 |
| acyclovir topical cream 5 %                        | PG        | QL                    |                                                                 |
| acyclovir topical ointment 5 %                     | PG        | QL                    |                                                                 |
| DENAVIR TOPICAL CREAM 1 %                          | FE        |                       | acyclovir, acyclovir,<br>famciclovir, valacyclovir              |
| penciclovir topical cream 1 %                      | NPG       |                       | acyclovir, acyclovir,<br>famciclovir, valacyclovir              |
| XERESE TOPICAL CREAM 5-1 %                         | FE        |                       | acyclovir, acyclovir,<br>famciclovir, valacyclovir              |
| ZOVIRAX TOPICAL CREAM 5 %                          | NPB       | QL                    | acyclovir                                                       |
| ZOVIRAX TOPICAL OINTMENT 5 %                       | FE        |                       | acyclovir                                                       |
| <b>TOPICAL CORTICOSTEROIDS</b>                     |           |                       |                                                                 |
| ACIOXIA TOPICAL GEL 0.1-0.5 %                      | FE        |                       |                                                                 |
| ALA-SCALP TOPICAL LOTION 2 %                       | NPB       | ST                    | hydrocortisone                                                  |
| alclometasone topical cream 0.05 %                 | PG        |                       |                                                                 |
| alclometasone topical ointment 0.05 %              | PG        |                       |                                                                 |

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

| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                       |
|-----------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| amcinonide topical cream 0.1 %                            | PG               | ST                           |                                                                                                                       |
| amcinonide topical ointment 0.1 %                         | PG               | ST                           |                                                                                                                       |
| 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                                                                                                |

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

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                   |
|------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHLOHUX TOPICAL SHAMPOO<br>0.05-2 %            | FE               |                              |                                                                                                                                                                                   |
| CHLOOXIA TOPICAL CREAM 0.05-4<br>%             | FE               |                              |                                                                                                                                                                                   |
| CHLOOXIA TOPICAL OINTMENT<br>0.05-4 %          | FE               |                              |                                                                                                                                                                                   |
| CHLOOXIA TOPICAL SOLUTION<br>0.05-4 %          | FE               |                              |                                                                                                                                                                                   |
| clobetasol scalp solution 0.05 %               | PG               | QL                           |                                                                                                                                                                                   |
| CLOBETASOL TOPICAL CREAM<br>0.025 %            | FE               |                              | betamethasone dipropionate,<br>clobetasol propionate,<br>clobetasol e, desoximetasone,<br>fluocinonide, halobetasol<br>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<br>% | PG               | ST; QL                       |                                                                                                                                                                                   |
| clobetasol-emollient topical cream 0.05<br>%   | PG               | QL                           |                                                                                                                                                                                   |
| clobetasol-emollient topical foam 0.05 %       | PG               | ST; QL                       |                                                                                                                                                                                   |
| CLOBEX TOPICAL SHAMPOO 0.05<br>%               | NPB              | ST; QL                       | clobetasol propionate                                                                                                                                                             |
| CLOBEX TOPICAL SPRAY,NON-<br>AEROSOL 0.05 %    | NPB              | ST; QL                       | clobetasol propionate                                                                                                                                                             |
| clocortolone pivalate topical cream 0.1<br>%   | FE               |                              | betamethasone dipropionate,<br>betamethasone valerate,<br>fluticasone propionate,<br>hydrocortisone valerate,<br>mometasone furoate,<br>prednicarbate, triamcinolone<br>acetonide |

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

| Drug Name                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                                         |
|----------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLODAN KIT TOPICAL<br>KIT,SHAMPOO AND CLEANSER<br>0.05 % | NPB       | ST; QL                | betamethasone dipropionate,<br>clobetasol propionate,<br>clobetasol e, desoximetasone,<br>fluocinonide, halobetasol<br>propionate                                              |
| clodan topical shampoo 0.05 %                            | PG        | ST; QL                |                                                                                                                                                                                |
| CORDRAN TAPE LARGE ROLL<br>TOPICAL TAPE 4 MCG/CM2        | NPB       | ST                    | betamethasone valerate,<br>fluocinolone acetonide,<br>hydrocortisone butyrate,<br>hydrocortisone valerate,<br>mometasone furoate,<br>prednicarbate, triamcinolone<br>acetonide |
| DERMA-SMOOTH/FS BODY OIL<br>TOPICAL OIL 0.01 %           | NPB       | ST                    | fluocinolone acetonide                                                                                                                                                         |
| DERMA-SMOOTH/FS SCALP OIL<br>SCALP OIL 0.01 %            | NPB       | ST                    | fluocinolone acetonide                                                                                                                                                         |
| DERMAWERX SDS TOPICAL KIT<br>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        |                       |                                                                                                                                                                                |
| 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<br>dipropionate, fluocinonide,<br>fluocinonide-e, triamcinolone<br>acetonide                                                                         |
| diflorasone topical ointment 0.05 %                      | FE        |                       | betamethasone dipropionate,<br>clobetasol propionate,<br>clobetasol e, halobetasol<br>propionate                                                                               |

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

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                       |
|------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------|
| DIPROLENE (AUGMENTED)<br>TOPICAL OINTMENT 0.05 %     | NPB              | ST                           | betamethasone dipropionate                                                            |
| DIVINIX TOPICAL CREAM 0.05-4 %                       | FE               |                              |                                                                                       |
| DIVINIX TOPICAL OINTMENT 0.05-4 %                    | FE               |                              |                                                                                       |
| 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<br>KIT,OINTMENT AND CREAM 0.1-5 % | FE               |                              | triamcinolone acetonide                                                               |
| fluocinolone and shower cap scalp oil<br>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               |                              |                                                                                       |

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

| Drug Name                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                                         |
|----------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| flurandrenolide topical cream 0.05 %               | FE        |                       | betamethasone valerate,<br>fluocinolone acetonide,<br>hydrocortisone butyrate,<br>hydrocortisone valerate,<br>mometasone furoate,<br>prednicarbate, triamcinolone<br>acetonide |
| flurandrenolide topical lotion 0.05 %              | FE        |                       | betamethasone dipropionate,<br>betamethasone valerate,<br>fluocinolone acetonide,<br>hydrocortisone valerate,<br>mometasone furoate,<br>triamcinolone acetonide                |
| flurandrenolide topical ointment 0.05 %            | FE        |                       | betamethasone valerate,<br>fluocinolone acetonide,<br>hydrocortisone butyrate,<br>hydrocortisone valerate,<br>mometasone furoate,<br>prednicarbate, triamcinolone<br>acetonide |
| fluticasone propionate topical cream<br>0.05 %     | PG        |                       |                                                                                                                                                                                |
| fluticasone propionate topical lotion 0.05<br>%    | PG        | ST                    |                                                                                                                                                                                |
| fluticasone propionate topical ointment<br>0.005 % | PG        |                       |                                                                                                                                                                                |
| halcinonide topical cream 0.1 %                    | FE        |                       | amcinonide, betamethasone<br>dipropionate, betamethasone<br>valerate, desoximetasone,<br>fluocinonide, fluocinonide-e,<br>triamcinolone acetonide                              |
| halcinonide topical solution 0.1 %                 | FE        |                       | amcinonide, betamethasone<br>dipropionate, betamethasone<br>valerate, desoximetasone,<br>fluocinonide, fluocinonide-e,<br>triamcinolone acetonide                              |
| halobetasol propionate topical cream<br>0.05 %     | PG        |                       |                                                                                                                                                                                |
| halobetasol propionate topical foam 0.05<br>%      | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                            |
|-------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| HALOBETASOL PROPIONATE<br>TOPICAL LOTION 0.05 %             | FE        |                       | betamethasone dipropionate,<br>clobetasol propionate,<br>clobetasol e, desoximetasone,<br>fluocinonide, halobetasol<br>propionate                 |
| halobetasol propionate topical ointment<br>0.05 %           | PG        |                       |                                                                                                                                                   |
| HALOG TOPICAL CREAM 0.1 %                                   | NPB       | ST                    | amcinonide, betamethasone<br>dipropionate, betamethasone<br>valerate, desoximetasone,<br>fluocinonide, fluocinonide-e,<br>triamcinolone acetonide |
| HALOG TOPICAL SOLUTION 0.1 %                                | NPB       | ST                    | betamethasone dipropionate,<br>betamethasone dipropionate,<br>betamethasone valerate,<br>fluocinonide, triamcinolone<br>acetonide                 |
| hydravex topical gel 2 %                                    | FE        |                       |                                                                                                                                                   |
| hydrocortisone butyrate topical cream<br>0.1 %              | PG        | QL                    |                                                                                                                                                   |
| hydrocortisone butyrate topical lotion<br>0.1 %             | PG        | ST; QL                |                                                                                                                                                   |
| hydrocortisone butyrate topical ointment<br>0.1 %           | PG        | ST; QL                |                                                                                                                                                   |
| hydrocortisone butyrate topical solution<br>0.1 %           | PG        | ST; QL                |                                                                                                                                                   |
| HYDROCORTISONE LOTION<br>COMPLETE TOPICAL COMBO<br>PACK 2 % | FE        |                       |                                                                                                                                                   |
| hydrocortisone topical cream 2.5 %                          | PG        |                       |                                                                                                                                                   |
| hydrocortisone topical gel 2 %                              | FE        |                       |                                                                                                                                                   |
| hydrocortisone topical lotion 2 %, 2.5 %                    | PG        |                       |                                                                                                                                                   |
| hydrocortisone topical ointment 2.5 %                       | PG        |                       |                                                                                                                                                   |
| hydrocortisone topical solution 2.5 %                       | PG        |                       |                                                                                                                                                   |
| hydrocortisone valerate topical cream<br>0.2 %              | PG        |                       |                                                                                                                                                   |
| hydrocortisone valerate topical ointment<br>0.2 %           | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                       |
|-----------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                      |
| lexette topical foam 0.05 %             | PG        | ST                    |                                                                                                                                                              |
| 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        |                       |                                                                                                                                                              |
| NUCORT TOPICAL LOTION 2 %               | NPB       | ST                    |                                                                                                                                                              |
| 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        |                       |                                                                                                                                                              |
| 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                                                                                                                                       |

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

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| SYNALAR OINTMENT KIT<br>TOPICAL COMBO PACK,OINTMENT<br>AND CREAM 0.025 % | NPB              | ST                           | fluocinolone acetonide                          |
| SYNALAR TOPICAL CREAM 0.025<br>%                                         | NPB              | ST                           | fluocinolone acetonide                          |
| SYNALAR TOPICAL OINTMENT<br>0.025 %                                      | NPB              | ST                           | fluocinolone acetonide                          |
| SYNALAR TOPICAL SOLUTION 0.01<br>%                                       | NPB              | ST                           | fluocinolone acetonide                          |
| SYNALAR TS TOPICAL KIT 0.01 %                                            | NPB              | ST                           | fluocinolone acetonide                          |
| TELORA TOPICAL GEL 0.1-0.5 %                                             | FE               |                              |                                                 |
| TETOXIA TOPICAL CREAM 0.01-4 %                                           | FE               |                              |                                                 |
| TEXACORT TOPICAL SOLUTION<br>2.5 %                                       | NPB              | ST                           | hydrocortisone                                  |
| TOPICORT TOPICAL CREAM 0.05 %,<br>0.25 %                                 | NPB              | ST                           | desoximetasone                                  |
| TOPICORT TOPICAL GEL 0.05 %                                              | NPB              | ST                           | desoximetasone                                  |
| TOPICORT TOPICAL OINTMENT<br>0.05 %, 0.25 %                              | NPB              | ST                           | desoximetasone                                  |
| TOPICORT TOPICAL SPRAY,NON-<br>AEROSOL 0.25 %                            | FE               |                              | desoximetasone                                  |
| tovet emollient topical foam 0.05 %                                      | PG               | ST; QL                       |                                                 |
| TOVET KIT TOPICAL COMBO PACK<br>0.05 %                                   | FE               |                              |                                                 |
| triamcinolone acetonide topical aerosol<br>0.147 mg/gram                 | PG               | ST; QL                       |                                                 |
| triamcinolone acetonide topical cream<br>0.025 %, 0.1 %, 0.5 %           | PG               |                              |                                                 |
| triamcinolone acetonide topical lotion<br>0.025 %, 0.1 %                 | PG               |                              |                                                 |
| triamcinolone acetonide topical ointment<br>0.025 %, 0.1 %, 0.5 %        | PG               |                              |                                                 |
| triamcinolone acetonide topical ointment<br>0.05 %                       | PG               | ST                           |                                                 |
| TRIASIL TOPICAL KIT 0.1 %- 4" X 4"                                       | FE               |                              |                                                 |
| triderm topical cream 0.5 %                                              | PG               | ST                           |                                                 |
| trilona topical kit 0.1 %- 4" x 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<br>PREFERRED<br>ALTERNATIVES                                                                                |
|-------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------|
| ULTRAVATE TOPICAL LOTION 0.05 %                                   | FE        |                       | betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate |
| VANOS TOPICAL CREAM 0.1 %                                         | FE        |                       | fluocinonide                                                                                                          |
| WHYTEDERM TDKIT TOPICAL KIT 0.1-2 %                               | FE        |                       | triamcinolone acetonide                                                                                               |
| WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %                        | FE        |                       | triamcinolone acetonide                                                                                               |
| XILAPAK TOPICAL KIT 0.01 %                                        | FE        |                       |                                                                                                                       |
| <b>TOPICAL ENZYMES</b>                                            |           |                       |                                                                                                                       |
| NEXOBRID TOPICAL GEL 8.8 %                                        | NPB       |                       |                                                                                                                       |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                             | PB        | QL                    |                                                                                                                       |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                         |           |                       |                                                                                                                       |
| crotan topical lotion 10 %                                        | FE        |                       | permethrin                                                                                                            |
| EURAX TOPICAL CREAM 10 %                                          | NPB       |                       | permethrin                                                                                                            |
| EURAX TOPICAL LOTION 10 %                                         | NPB       |                       | permethrin                                                                                                            |
| 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        |                       |                                                                                                                       |
| pruradik topical lotion 10 %                                      | FE        |                       | permethrin                                                                                                            |
| spinosad topical suspension 0.9 %                                 | PG        |                       |                                                                                                                       |
| ULESFIA TOPICAL LOTION 5 %                                        | NPB       |                       | ivermectin, permethrin, malathion, spinosad                                                                           |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>                     |           |                       |                                                                                                                       |
| <b>IRRIGATING SOLUTIONS</b>                                       |           |                       |                                                                                                                       |
| lactated ringers irrigation solution                              | PG        |                       |                                                                                                                       |
| neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml | PG        |                       |                                                                                                                       |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| PHYSIOLYTE IRRIGATION<br>SOLUTION 140-5-3-98 MEQ/L                   | NPB       |                       |                                        |
| PHYSIOSOL IRRIGATION<br>IRRIGATION SOLUTION 140-5-3-98<br>MEQ/L      | NPB       |                       |                                        |
| ringer's irrigation solution                                         | PG        |                       |                                        |
| SORBITOL IRRIGATION SOLUTION<br>3 %                                  | NPB       |                       |                                        |
| SORBITOL-MANNITOL<br>TRANSURETHRAL SOLUTION 2.7-<br>0.54 GRAM/100 ML | NPB       |                       |                                        |
| VASHE IRRIGATION IRRIGATION<br>SOLUTION 0.033 %                      | FE        |                       |                                        |
| <b>MISCELLANEOUS AGENTS</b>                                          |           |                       |                                        |
| acamprosate oral tablet,delayed release<br>(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        |                       |                                        |
| AQVESME ORAL TABLET 100 MG                                           | FE        |                       |                                        |
| ARALAST NP INTRAVENOUS<br>RECON SOLN 1,000 MG, 500 MG                | PS        | PA; LA                |                                        |
| BKEMV INTRAVENOUS SOLUTION<br>300 MG/30 ML                           | FE        |                       | EPYSQLI                                |
| BUPHENYL ORAL POWDER 0.94<br>GRAM/GRAM                               | NPS       | PA                    | sodium phenylbutyrate                  |
| BUPHENYL ORAL TABLET 500 MG                                          | NPS       | PA                    | sodium phenylbutyrate                  |
| caffeine citrate oral solution 60 mg/3 ml<br>(20 mg/ml)              | PG        |                       |                                        |
| CARBAGLU ORAL TABLET,<br>DISPERSIBLE 200 MG                          | PS        | PA; LA                |                                        |
| carglumic acid oral tablet, dispersible<br>200 mg                    | PS        | PA                    |                                        |
| CARNITOR (SUGAR-FREE) ORAL<br>SOLUTION 100 MG/ML                     | NPB       |                       | levocarnitine                          |
| CARNITOR ORAL SOLUTION 100<br>MG/ML                                  | NPB       |                       | levocarnitine                          |

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

| Drug Name                                                       | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                |
|-----------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| CARNITOR ORAL TABLET 330 MG                                     | NPB       |                       | levocarnitine                                                                                                                         |
| CASGEVY INTRAVENOUS<br>SUSPENSION 4 X TO 13 X 10EXP6<br>CELL/ML | PS        | PA                    |                                                                                                                                       |
| 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<br>mg, 360 mg, 90 mg    | PS        | PA; LA                |                                                                                                                                       |
| deferasirox oral tablet 180 mg, 360 mg,<br>90 mg                | PS        | PA; LA                |                                                                                                                                       |
| deferasirox oral tablet, dispersible 125<br>mg, 250 mg, 500 mg  | PS        | PA; LA                |                                                                                                                                       |
| deferiprone oral tablet 1,000 mg, 500 mg                        | PS        | PA; LA                |                                                                                                                                       |
| disulfiram oral tablet 250 mg, 500 mg                           | PG        |                       |                                                                                                                                       |
| droxidopa oral capsule 100 mg, 200 mg,<br>300 mg                | NPS       | PA; LA                | atomoxetine hcl,<br>dihydroergotamine mesylate,<br>fludrocortisone acetate,<br>indomethacin, midodrine hcl,<br>pyridostigmine bromide |
| DUVYZAT ORAL SUSPENSION 8.86<br>MG/ML                           | FE        |                       |                                                                                                                                       |
| ELEVIDYS INTRAVENOUS<br>SUSPENSION 1.33 X 10EXP13<br>VG/ML      | FE        |                       |                                                                                                                                       |
| EMPAVELI SUBCUTANEOUS<br>SOLUTION 1,080 MG/20 ML                | PS        | PA                    |                                                                                                                                       |
| ENDARI ORAL POWDER IN<br>PACKET 5 GRAM                          | FE        |                       | l-glutamine, hydroxyurea,<br>Droxia, Siklos                                                                                           |
| ENJAYMO INTRAVENOUS<br>SOLUTION 50 MG/ML                        | PS        | PA                    |                                                                                                                                       |
| EPYSQLI INTRAVENOUS<br>SOLUTION 300 MG/30 ML                    | PS        | PA; LA                |                                                                                                                                       |
| EVOXAC ORAL CAPSULE 30 MG                                       | NPB       |                       | cevimeline hcl                                                                                                                        |
| EXJADE ORAL TABLET,<br>DISPERSIBLE 125 MG, 250 MG, 500<br>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.

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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)                     |
| FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML                         | FE               |                              |                                                 |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML                         | NPS              | PA; LA                       |                                                 |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)                      | PS               | PA; LA                       |                                                 |
| glutamine (sickle cell) oral powder in packet 5 gram             | PS               | LA                           |                                                 |
| glycerol phenylbutyrate oral liquid 1.1 gram/ml                  | PS               | PA; LA                       |                                                 |
| HARLIKU ORAL TABLET 2 MG                                         | FE               |                              | nitisinone, NITYR                               |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                          | PS               | PA                           |                                                 |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG                         | FE               |                              | deferasirox                                     |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG    | FE               |                              | deferasirox                                     |
| JOENJA ORAL TABLET 70 MG                                         | NPS              | PA; QL                       |                                                 |
| KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML                           | NPS              |                              |                                                 |
| KYGEVVI ORAL POWDER IN PACKET 4 GRAM                             | FE               |                              |                                                 |
| LAMZEDE INTRAVENOUS RECON SOLN 10 MG                             | PS               | PA                           |                                                 |
| LENMELDY INTRAVENOUS SUSPENSION 2 X TO 11.8 X 10EXP6 CELL/ML     | 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.

| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                           |
|----------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 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              |                              |                                                                                                                           |
| LOARGYS INJECTION SOLUTION 5 MG/ML                                               | FE               |                              |                                                                                                                           |
| LYFGENIA INTRAVENOUS SUSPENSION 1.7 X TO 20 X 10EXP6 CELL/ML                     | PS               | PA; LA                       |                                                                                                                           |
| 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, dihydroergotamine mesylate, 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                           | glycerol phenylbutyrate, 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 (170 MG/ML)                                | FE               |                              | EPYSQLI                                                                                                                   |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML                             | 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<br>PREFERRED<br>ALTERNATIVES |
|---------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| PYRUKYND ORAL TABLET 20 MG,<br>5 MG, 50 MG                                      | NPS       | PA; QL                |                                        |
| PYRUKYND ORAL TABLETS,DOSE<br>PACK 20 MG (7)- 5 MG (7), 50 MG<br>(7)- 20 MG (7) | NPS       | PA; QL                |                                        |
| RADIOGARDASE ORAL CAPSULE<br>0.5 GRAM                                           | NPB       |                       |                                        |
| RAVICTI ORAL LIQUID 1.1<br>GRAM/ML                                              | FE        |                       | glycerol phenylbutyrate                |
| RECLAST INTRAVENOUS<br>PIGGYBACK 5 MG/100 ML                                    | NPS       | PA; LA                | zoledronic acid                        |
| REVCovi INTRAMUSCULAR<br>SOLUTION 2.4 MG/1.5 ML (1.6<br>MG/ML)                  | PS        | PA                    |                                        |
| REZDIFFRA ORAL TABLET 100 MG,<br>60 MG, 80 MG                                   | PS        | PA; QL; LA            |                                        |
| RHAPSIDO ORAL TABLET 25 MG                                                      | PB        |                       |                                        |
| riluzole oral tablet 50 mg                                                      | PG        |                       |                                        |
| risedronate oral tablet 30 mg                                                   | PG        | QL                    |                                        |
| RYONCIL INTRAVENOUS<br>SUSPENSION 6.68 X 10EXP6<br>CELL/ML                      | PB        | PA                    |                                        |
| sodium chloride 0.9 % injection solution                                        | PG        |                       |                                        |
| sodium chloride 0.9 % intravenous<br>parenteral solution                        | PG        |                       |                                        |
| sodium chloride 0.9 % intravenous<br>piggyback                                  | PG        |                       |                                        |
| sodium chloride injection syringe 0.9 %                                         | PG        |                       |                                        |
| sodium chloride irrigation solution 0.9 %                                       | PG        |                       |                                        |
| sodium phenylbutyrate oral powder 0.94<br>gram/gram                             | PG        | PA                    |                                        |
| sodium phenylbutyrate oral tablet 500<br>mg                                     | PG        | PA                    |                                        |
| SOHONOS ORAL CAPSULE 1 MG,<br>1.5 MG, 10 MG, 2.5 MG, 5 MG                       | NPS       | PA; QL                |                                        |
| SOLIRIS INTRAVENOUS SOLUTION<br>300 MG/30 ML                                    | FE        |                       | EPYSQLI                                |

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



| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                   |
|------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------|
| SYPRINE ORAL CAPSULE 250 MG                                            | NPB              | PA                           | trientine hcl                                                     |
| TAVNEOS ORAL CAPSULE 10 MG                                             | NPS              | QL                           | azathioprine, methotrexate,<br>mycophenolate mofetil,<br>RUXIENCE |
| TEGLUTIK ORAL SUSPENSION 50<br>MG/10 ML                                | NPS              |                              | riluzole                                                          |
| THIOLA EC ORAL<br>TABLET,DELAYED RELEASE<br>(DR/EC) 100 MG, 300 MG     | FE               |                              | tiopronin, venxxiva                                               |
| THIOLA ORAL TABLET 100 MG                                              | FE               |                              | tiopronin                                                         |
| TIGLUTIK ORAL SUSPENSION 50<br>MG/10 ML                                | NPS              |                              | riluzole                                                          |
| tiopronin oral tablet 100 mg                                           | PS               | LA                           |                                                                   |
| tiopronin oral tablet,delayed release<br>(dr/ec) 100 mg, 300 mg        | PS               |                              |                                                                   |
| trientine oral capsule 250 mg                                          | PG               | PA                           |                                                                   |
| TRIENTINE ORAL CAPSULE 500 MG                                          | FE               |                              | trientine hcl                                                     |
| ULTOMIRIS INTRAVENOUS<br>SOLUTION 100 MG/ML                            | FE               |                              | ENSPRYNG, EPYSQLI                                                 |
| VAFSEO ORAL TABLET 150 MG,<br>300 MG                                   | FE               |                              | PROCRIT, RETACRIT                                                 |
| venxxiva oral tablet,delayed release<br>(dr/ec) 100 mg, 300 mg         | PS               |                              |                                                                   |
| VEOPOZ INJECTION SOLUTION 200<br>MG/ML                                 | NPS              | PA                           |                                                                   |
| VOYDEYA ORAL TABLET 100 MG,<br>150 MG (50 MG X 1-100 MG X 1)           | PS               | PA                           |                                                                   |
| VYKAT XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 150<br>MG, 25 MG, 75 MG | NPS              | PA                           |                                                                   |
| water for irrigation, sterile irrigation<br>solution                   | PG               |                              |                                                                   |
| XENPOZYME INTRAVENOUS<br>RECON SOLN 20 MG, 4 MG                        | PS               | PA; LA                       |                                                                   |
| XURIDEN ORAL GRANULES IN<br>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<br>PREFERRED<br>ALTERNATIVES |
|----------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| YARTEMLEA INTRAVENOUS<br>SOLUTION 370 MG/2 ML (185<br>MG/ML)                     | NPS       | PA                    |                                        |
| ZEMAIRA INTRAVENOUS RECON<br>SOLN 1,000 MG, 4,000 MG, 5,000 MG                   | PS        | PA; LA                |                                        |
| ZOKINVY ORAL CAPSULE 50 MG,<br>75 MG                                             | NPS       | PA; QL                |                                        |
| zoledronic acid-mannitol-water<br>intravenous piggyback 5 mg/100 ml              | PS        | PA; LA                |                                        |
| <b>SMOKING DETERRENTS</b>                                                        |           |                       |                                        |
| bupropion hcl (smoking deter) oral tablet<br>extended release 12 hr 150 mg       | PG        | ACA                   |                                        |
| CHANTIX ORAL TABLET 0.5 MG, 1<br>MG                                              | NPB       | ACA                   | varenicline tartrate                   |
| CHANTIX STARTING MONTH BOX<br>ORAL TABLETS,DOSE PACK 0.5 MG<br>(11)- 1 MG (42)   | NPB       | ACA                   | varenicline tartrate                   |
| NICODERM CQ TRANSDERMAL<br>PATCH 24 HOUR 14 MG/24 HR, 21<br>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<br>MG, 4 MG                                           | PB        | ACA                   |                                        |
| NICORETTE BUCCAL MINI<br>LOZENGE 2 MG, 4 MG                                      | PB        | ACA                   |                                        |
| nicotine (polacrilex) buccal gum 2 mg, 4<br>mg                                   | PG        | ACA                   |                                        |
| nicotine (polacrilex) buccal lozenge 2<br>mg, 4 mg                               | PG        | ACA                   |                                        |
| nicotine (polacrilex) buccal mini lozenge<br>2 mg, 4 mg                          | PG        | ACA                   |                                        |
| nicotine transdermal patch 24 hour 14<br>mg/24 hr, 21 mg/24 hr, 7 mg/24 hr       | PG        | ACA                   |                                        |
| nicotine transdermal patch, td daily,<br>sequential 21-14-7 mg/24 hr             | PG        | ACA                   |                                        |
| NICOTROL NS NASAL SPRAY, NON-<br>AEROSOL 10 MG/ML                                | NPB       | ACA                   | nicotine, nicotine gum                 |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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 |    |                               |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %            | NPB |    |                               |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET                   | 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.

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

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

|                                                                            |     |        |                          |
|----------------------------------------------------------------------------|-----|--------|--------------------------|
| ACTHAR INJECTION GEL 80<br>UNIT/ML                                         | NPS | PA; LA |                          |
| ACTHAR SELFJECT<br>SUBCUTANEOUS PEN INJECTOR 40<br>UNIT/0.5 ML, 80 UNIT/ML | NPS | PA; LA |                          |
| AGAMREE ORAL SUSPENSION 40<br>MG/ML                                        | FE  |        | prednisone, prednisolone |
| ALKINDI SPRINKLE ORAL<br>CAPSULE, SPRINKLE 0.5 MG, 1 MG,<br>2 MG, 5 MG     | FE  |        | hydrocortisone           |
| CORTEF ORAL TABLET 10 MG, 20<br>MG, 5 MG                                   | NPB |        | hydrocortisone           |
| cortisone oral tablet 25 mg                                                | PG  |        |                          |
| CORTROPHIN GEL INJECTION GEL<br>80 UNIT/ML                                 | FE  |        |                          |
| CORTROPHIN GEL<br>SUBCUTANEOUS SYRINGE 40<br>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<br>mg, 6 mg                       | PS  | PA; LA |                          |
| dexabliss oral tablets,dose pack 1.5 mg<br>(39 tabs)                       | PG  | ST     |                          |
| dexamethasone intensol oral drops 1<br>mg/ml                               | PG  |        |                          |
| dexamethasone oral elixir 0.5 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.

| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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)                     | 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               |                              |                                                 |
| jaythari oral suspension 22.75 mg/ml                                      | PS               | PA                           |                                                 |
| jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg                            | PS               | PA                           |                                                 |
| KHINDIVI ORAL SOLUTION 1 MG/ML                                            | FE               |                              | hydrocortisone                                  |
| kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg                              | PS               | PA                           |                                                 |
| 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               |                              |                                                 |

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

| Drug Name                                                                                                                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>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 tablet,delayed release (dr/ec) 1 mg, 2 mg                                                                                              | PG        | PA                    | prednisone immediate-release tablets   |
| prednisone oral tablets,dose pack 10 mg, 5 mg                                                                                                          | PG        |                       |                                        |
| pyquvi oral suspension 22.75 mg/ml                                                                                                                     | PS        | PA                    |                                        |
| 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                          |
| <b>ANTITHYROID AGENTS</b>                                                                                                                              |           |                       |                                        |
| 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                       |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>                                                                                                 |           |                       |                                        |

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



| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|-----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2TEK GLUCOSE/BLOOD PRESSURE KIT         | FE               |                              |                                                                                                                                                            |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION   | NPB              |                              |                                                                                                                                                            |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP    | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ACCU-CHEK GUIDE GLUCOSE METER           | FE               |                              |                                                                                                                                                            |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION | NPB              |                              |                                                                                                                                                            |
| ACCU-CHEK GUIDE ME GLUCOSE MTR          | FE               |                              |                                                                                                                                                            |
| ACCU-CHEK GUIDE TEST STRIPS STRIP       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION | NPB              |                              |                                                                                                                                                            |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP    | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ACCUTREND GLUCOSE CONTROL SOLUTION      | 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.

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|-----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCUTREND GLUCOSE TEST STRIPS STRIP     | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ADVANCED ALL-IN-ONE METER KIT           | FE               |                              |                                                                                                                                                            |
| ADVANCED GLUC METER TEST STRIP STRIP    | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ADVANCED GLUCOSE METER                  | FE               |                              |                                                                                                                                                            |
| ADVOCATE REDI-CODE PLUS                 | FE               |                              |                                                                                                                                                            |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION | NPB              |                              |                                                                                                                                                            |
| ADVOCATE REDI-CODE PLUS STRIP           | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| AGAMATRIX AMP TEST STRIPS STRIP         | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| AGAMATRIX CONTROL SOLN-HIGH SOLUTION    | 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.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGAMATRIX CONTROL SOLN-NORMAL SOLUTION | NPB              |                              |                                                                                                                                                            |
| AGAMATRIX JAZZ TEST STRIPS STRIP       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT     | FE               |                              |                                                                                                                                                            |
| AGAMATRIX PRESTO SYSTEM                | FE               |                              |                                                                                                                                                            |
| AGAMATRIX PRESTO TEST STRIPS STRIP     | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ASSURE 4 CONTROL SOLUTION COMBO PACK   | NPB              |                              |                                                                                                                                                            |
| ASSURE 4 STRIPS STRIP                  | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ASSURE CONTROL SOLUTION L2-L3 SOLUTION | NPB              |                              |                                                                                                                                                            |
| ASSURE DOSE NORMAL CONTROL SOLUTION    | NPB              |                              |                                                                                                                                                            |
| ASSURE PLATINUM GLUCOSE METER          | 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.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASSURE PLATINUM TEST STRIP STRIP       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION | NPB              |                              |                                                                                                                                                            |
| ASSURE PRISM MULTI METER               | FE               |                              |                                                                                                                                                            |
| ASSURE PRISM MULTI STRIP STRIP         | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ASSURE TITANIUM GLUCOSE SYSTEM         | FE               |                              |                                                                                                                                                            |
| ASSURE TITANIUM TEST STRIP STRIP       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| AT HOME A1C DEVICE                     | NPB              |                              |                                                                                                                                                            |
| BIGFOOT UNITY KIT                      | FE               |                              |                                                                                                                                                            |
| BIONIME RIGHTEST GM300 SYSTEM KIT      | FE               |                              |                                                                                                                                                            |
| BIONIME RIGHTEST TEST STRIPS STRIP     | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |

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

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|--------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BIOTEL CARE BGM-4 METER                    | FE               |                              |                                                                                                                                                                                 |
| BLOOD GLUCOSE CONTROL,<br>NORMAL SOLUTION  | NPB              |                              |                                                                                                                                                                                 |
| BLOOD GLUCOSE TEST STRIP                   | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| BLOOD-GLUCOSE METER                        | FE               |                              |                                                                                                                                                                                 |
| BLULINK DIABETIC TEST BUNDLE<br>KIT        | FE               |                              |                                                                                                                                                                                 |
| BLULINK GLUCOSE MONITOR<br>SYSTEM          | FE               |                              |                                                                                                                                                                                 |
| BLULINK GLUCOSE TEST STRIP<br>STRIP        | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| BREEZE 2 CONTROL<br>SOLUTION,HIGH SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| CARESENS CONTROL A AND B<br>SOLUTION       | NPB              |                              |                                                                                                                                                                                 |
| CARESENS N                                 | FE               |                              |                                                                                                                                                                                 |
| CARESENS N FELIZ GLUCOSE<br>METER          | FE               |                              |                                                                                                                                                                                 |
| CARESENS N TEST STRIPS STRIP               | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| CARESENS N VOICE                           | 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.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CARESENS S CONTROL A AND B SOLUTION    | NPB              |                              |                                                                                                                                                            |
| CARESENS S FIT BT GLUCOSE MTR          | FE               |                              |                                                                                                                                                            |
| CARESENS S FIT GLUCOSE METER           | FE               |                              |                                                                                                                                                            |
| CARESENS S TEST STRIP STRIP            | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION  | NPB              |                              |                                                                                                                                                            |
| CARETOUCH GLUCOSE MONITORING KIT       | FE               |                              |                                                                                                                                                            |
| CARETOUCH TEST STRIP STRIP             | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| CLEVER CHEK BLOOD GLUCOSE              | FE               |                              |                                                                                                                                                            |
| CLEVER CHOICE GLUCOSE MONITOR          | FE               |                              |                                                                                                                                                            |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION | NPB              |                              |                                                                                                                                                            |
| CLEVER CHOICE MICRO                    | FE               |                              |                                                                                                                                                            |
| CLEVER CHOICE MICRO TEST STRIP STRIP   | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| CLEVER CHOICE PRO                      | 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.

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|--------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLEVER CHOICE PRO STRIP                    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| CLEVER CHOICE TALK GLUCOSE<br>SYS          | FE               |                              |                                                                                                                                                                                 |
| CLEVER CHOICE TALK TEST STRIP              | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| CLEVER CHOICE TEST STRIPS<br>STRIP         | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| CLEVER CHOICE VOICE PLUS TEST<br>STRIP     | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| CONTOUR CONTROL SOLUTION,<br>NML SOLUTION  | NPB              |                              |                                                                                                                                                                                 |
| CONTOUR NEXT EZ METER                      | FE               |                              |                                                                                                                                                                                 |
| CONTOUR NEXT GEN METER KIT                 | FE               |                              |                                                                                                                                                                                 |
| CONTOUR NEXT LEV 2 CONTROL<br>SOL SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| CONTOUR NEXT LINK 2.4 KIT                  | 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.

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|--------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTOUR NEXT LINK KIT                | FE               |                              |                                                                                                                                                            |
| CONTOUR NEXT METER                   | FE               |                              |                                                                                                                                                            |
| CONTOUR NEXT ONE METER               | FE               |                              |                                                                                                                                                            |
| CONTOUR NEXT TEST STRIPS STRIP       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| CONTOUR PLUS BLUE METER              | FE               |                              |                                                                                                                                                            |
| CONTOUR PLUS TEST STRIP STRIP        | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| CONTOUR TEST STRIPS STRIP            | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| DEXCOM G6 RECEIVER                   | PB               | ST                           |                                                                                                                                                            |
| DEXCOM G6 SENSOR DEVICE              | PB               | ST                           |                                                                                                                                                            |
| DEXCOM G6 TRANSMITTER DEVICE         | PB               | ST                           |                                                                                                                                                            |
| DEXCOM G7 15 DAY SENSOR DEVICE       | PB               | ST                           |                                                                                                                                                            |
| DEXCOM G7 RECEIVER                   | PB               | ST                           |                                                                                                                                                            |
| DEXCOM G7 SENSOR DEVICE              | PB               | ST                           |                                                                                                                                                            |
| DIATRUE CONTROL SOLN NORMAL SOLUTION | 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.



| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|--------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIATRUE PLUS BLOOD GLUCOSE MET       | FE               |                              |                                                                                                                                                            |
| DIATRUE PLUS TEST STRIP STRIP        | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EASY PLUS II HIGH CONTROL SOLUTION   | NPB              |                              |                                                                                                                                                            |
| EASY PLUS II TEST STRIP              | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EASY STEP BLOOD GLUCOSE METER        | FE               |                              |                                                                                                                                                            |
| EASY STEP HIGH CONTROL SOLN SOLUTION | NPB              |                              |                                                                                                                                                            |
| EASY STEP STRIP                      | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EASY TALK GLUCOSE TEST STRIP         | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |

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

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|-----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TALK HIGH CONTROL SOLUTION         | NPB              |                              |                                                                                                                                                            |
| EASY TALK PLUS II LOW CONTROL SOLUTION  | NPB              |                              |                                                                                                                                                            |
| EASY TALK PLUS II TEST STRIP STRIP      | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION | NPB              |                              |                                                                                                                                                            |
| EASY TOUCH BLULINK GLUC SYST            | FE               |                              |                                                                                                                                                            |
| EASY TOUCH BLULINK TEST STRIP STRIP     | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EASY TOUCH GLUCOSE MONITOR              | FE               |                              |                                                                                                                                                            |
| EASY TOUCH HEALTHPRO SYSTEM KIT         | FE               |                              |                                                                                                                                                            |
| EASY TOUCH TEST STRIP STRIP             | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |

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

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|--------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TRAK GLUCOSE TEST STRIP               | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EASY TRAK II BLOOD GLUCOSE<br>MTR          | FE               |                              |                                                                                                                                                                                 |
| EASY TRAK II CTRL SOLN-<br>NORMAL SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| EASY TRAK II TEST STRIP STRIP              | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EASY TRAK LOW CONTROL<br>SOLUTION          | NPB              |                              |                                                                                                                                                                                 |
| EASYGLUCO TEST STRIP                       | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EASYMAX 15 LEVEL 2 SOLUTION                | NPB              |                              |                                                                                                                                                                                 |
| EASYMAX NG KIT                             | FE               |                              |                                                                                                                                                                                 |
| EASYMAX NORMAL CONTROL<br>SOLUTION         | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|--------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASYMAX STRIP                              | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EASYMAX T1 KIT                             | FE        |                       |                                                                                                                                                                                 |
| EASYMAX V SPEAKING GLUCOSE<br>SYS          | FE        |                       |                                                                                                                                                                                 |
| ELEMENT COMPACT GLUCOSE<br>METER           | FE        |                       |                                                                                                                                                                                 |
| ELEMENT COMPACT NORMAL<br>CONTROL SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| ELEMENT COMPACT TEST STRIPS<br>STRIP       | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| ELEMENT COMPACT V GLUCOSE<br>MTR           | FE        |                       |                                                                                                                                                                                 |
| ELEMENT NORMAL CONTROL<br>SOLUTION         | NPB       |                       |                                                                                                                                                                                 |
| ELEMENT PLUS BLOOD GLUCOSE<br>KIT KIT      | FE        |                       |                                                                                                                                                                                 |
| ELEMENT TEST STRIPS STRIP                  | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EMBRACE BLOOD GLUCOSE<br>SYSTEM            | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|-------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE BLOOD GLUCOSE<br>SYSTEM STRIP     | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EMBRACE EVO LEVEL 1<br>SOLUTION           | NPB       |                       |                                                                                                                                                                                 |
| EMBRACE EVO TEST STRIPS STRIP             | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EMBRACE GLUCOSE CONTROL<br>LOW SOLUTION   | NPB       |                       |                                                                                                                                                                                 |
| EMBRACE PRO GLUCOSE METER                 | FE        |                       |                                                                                                                                                                                 |
| EMBRACE PRO TEST STRIPS STRIP             | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EMBRACE TALK BLOOD GLUCOSE<br>SYS KIT     | FE        |                       |                                                                                                                                                                                 |
| EMBRACE TALK CONTROL-LOW<br>(L1) SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| EMBRACE TALK TEST STRIPS<br>STRIP         | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |

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

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|-----------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE WAVE CONTROL-HIGH (L2) SOLUTION | NPB              |                              |                                                                                                                                                            |
| EMBRACE WAVE PLUS GLUCOSE MTR           | FE               |                              |                                                                                                                                                            |
| EVENCARE G2                             | FE               |                              |                                                                                                                                                            |
| EVENCARE G2 STRIP                       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EVENCARE G3 GLUCOSE METER KIT           | FE               |                              |                                                                                                                                                            |
| EVENCARE G3 TEST STRIP                  | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EVENCARE MINI GLUCOSE TEST STR STRIP    | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| EVENCARE MINI MONITOR SYSTEM            | FE               |                              |                                                                                                                                                            |
| EVENCARE PROVIEW TEST STRIP STRIP       | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |

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

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|---------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVERSENSE 365 SENSOR<br>SUBCUTANEOUS DEVICE | FE               |                              |                                                                                                                                                                                 |
| EVERSENSE 365 TRANSMITTER<br>DEVICE         | FE               |                              |                                                                                                                                                                                 |
| EVOLUTION BLOOD GLUCOSE<br>METER KIT        | FE               |                              |                                                                                                                                                                                 |
| EVOLUTION NORMAL CONTROL<br>SOLUTION        | NPB              |                              |                                                                                                                                                                                 |
| EVOLUTION TEST STRIPS STRIP                 | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EZ SMART PLUS SYSTEM KIT                    | FE               |                              |                                                                                                                                                                                 |
| EZ SMART PLUS TEST STRIP                    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| EZ SMART SYSTEM KIT                         | FE               |                              |                                                                                                                                                                                 |
| EZ SMART TEST STRIP                         | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| FONDCIRCLE BLOOD GLUCOSE<br>MONTR KIT       | FE               |                              |                                                                                                                                                                                 |
| FONDCIRCLE CONTROL SOLUTION<br>SOLUTION     | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                     |
|--------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA 6 CONNECT GLUCOSE STRIP STRIP   | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA D40D GLUCOSE-BP MONITOR DEVICE  | FE        |                       |                                                                                                                                                            |
| FORA D40-G31 TEST STRIPS STRIP       | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA G20 KIT                         | FE        |                       |                                                                                                                                                            |
| FORA G20 STRIP                       | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA G30A                            | FE        |                       |                                                                                                                                                            |
| FORA GD50 BLOOD GLUCOSE SYSTEM       | 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.



| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA GD50 TEST STRIPS STRIP              | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| FORA GTEL GLUCOSE TEST STRIP<br>STRIP    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| FORA GTEL MULTI-FUNCTN<br>MONITOR DEVICE | NPB              |                              |                                                                                                                                                                                 |
| FORA KETONE CONTROL SOLN-L1<br>SOLUTION  | NPB              |                              |                                                                                                                                                                                 |
| FORA NORMAL CONTROL<br>SOLUTION          | NPB              |                              |                                                                                                                                                                                 |
| FORA PREMIUM V10 GLUCOSE<br>METER        | FE               |                              |                                                                                                                                                                                 |
| FORA TEST N'GO VOICE METER               | FE               |                              |                                                                                                                                                                                 |
| FORA TEST STRIP STRIP                    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| FORA TN'G ADV MOBILE MULTI<br>MTR DEVICE | 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.

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                            |
|---------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA TN'G ADVAN PRO TEST STRIP STRIP  | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA TN'G ADVANCE MULTI-FN MTR DEVICE | NPB              |                              |                                                                                                                                                            |
| FORA TN'G ADVANCE PRO MONITOR DEVICE  | NPB              |                              |                                                                                                                                                            |
| FORA TN'G VOICE METER                 | FE               |                              |                                                                                                                                                            |
| FORA TN'G VOICE TEST STRIPS STRIP     | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA V10 STRIP                        | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA V10-V12-D10-D20 STRIPS STRIP     | FE               |                              | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| FORA V12 BLOOD GLUCOSE SYSTEM         | FE               |                              |                                                                                                                                                            |
| FORACARE GD20 GLUCOSE METER           | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|-----------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORACARE GD20 STRIP                     | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| FORACARE GD40 TEST STRIPS<br>STRIP      | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| FORACARE GD40B GLUCOSE<br>METER         | FE        |                       |                                                                                                                                                                                 |
| FORACARE GDH LOW CONTROL<br>SOLUTION    | NPB       |                       |                                                                                                                                                                                 |
| FREESTYLE CONTROL SOLUTION              | PB        |                       |                                                                                                                                                                                 |
| FREESTYLE FREEDOM KIT                   | PB        |                       |                                                                                                                                                                                 |
| FREESTYLE FREEDOM LITE KIT              | PB        |                       |                                                                                                                                                                                 |
| FREESTYLE INSULINX                      | PB        |                       |                                                                                                                                                                                 |
| FREESTYLE INSULINX STRIP                | PB        |                       |                                                                                                                                                                                 |
| FREESTYLE INSULINX TEST<br>STRIPS STRIP | PB        |                       |                                                                                                                                                                                 |
| FREESTYLE LIBRE 14 DAY<br>READER        | PB        | ST                    |                                                                                                                                                                                 |
| FREESTYLE LIBRE 14 DAY SENSOR<br>KIT    | PB        | ST                    |                                                                                                                                                                                 |
| FREESTYLE LIBRE 2 PLUS SENSOR<br>DEVICE | PB        | ST                    |                                                                                                                                                                                 |
| FREESTYLE LIBRE 2 READER                | PB        | ST                    |                                                                                                                                                                                 |
| FREESTYLE LIBRE 2 SENSOR KIT            | PB        | ST                    |                                                                                                                                                                                 |
| FREESTYLE LIBRE 3 PLUS SENSOR<br>DEVICE | PB        | ST                    |                                                                                                                                                                                 |
| FREESTYLE LIBRE 3 READER                | 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.

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|-------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE LIBRE 3 SENSOR<br>DEVICE        | PB               | ST                           |                                                                                                                                                                                 |
| FREESTYLE LITE METER KIT                  | PB               |                              |                                                                                                                                                                                 |
| FREESTYLE LITE STRIPS STRIP               | PB               |                              |                                                                                                                                                                                 |
| FREESTYLE PRECISION NEO<br>METER          | FE               |                              |                                                                                                                                                                                 |
| FREESTYLE PRECISION NEO<br>STRIPS STRIP   | PB               | PA                           |                                                                                                                                                                                 |
| FREESTYLE TEST STRIP                      | PB               |                              |                                                                                                                                                                                 |
| GE100 BLOOD GLUCOSE SYSTEM<br>KIT         | FE               |                              |                                                                                                                                                                                 |
| GE100 BLOOD GLUCOSE TEST<br>STRIP STRIP   | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GE100 CONTROL SOLUTION<br>NORMAL SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| GE333 BLOOD GLUCOSE SYSTEM                | FE               |                              |                                                                                                                                                                                 |
| GE333 BLOOD GLUCOSE TEST<br>STRIP STRIP   | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GENSTRIP TEST STRIP STRIP                 | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCO NAVII GLUCOSE MONITOR<br>KIT        | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|-----------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCO NAVII TEST STRIP STRIP            | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCOCARD 01 METER KIT                  | FE        |                       |                                                                                                                                                                                 |
| GLUCOCARD 01 NORMAL<br>CONTROL SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| GLUCOCARD 01 SENSOR PLUS<br>STRIP       | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCOCARD EXPRESSION                    | FE        |                       |                                                                                                                                                                                 |
| GLUCOCARD EXPRESSION STRIP              | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCOCARD SHINE CONNEX<br>METER         | FE        |                       |                                                                                                                                                                                 |
| GLUCOCARD SHINE EXPRESS<br>METER        | FE        |                       |                                                                                                                                                                                 |
| GLUCOCARD SHINE METER                   | FE        |                       |                                                                                                                                                                                 |
| GLUCOCARD SHINE TEST STRIPS<br>STRIP    | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |

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

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|-----------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD SHINE XL METER                | FE               |                              |                                                                                                                                                                                 |
| GLUCOCARD VITAL KIT                     | FE               |                              |                                                                                                                                                                                 |
| GLUCOCARD VITAL SENSOR STRIP            | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCOCARD VITAL TEST STRIPS<br>STRIP    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCOCOM BLOOD GLUCOSE KIT              | FE               |                              |                                                                                                                                                                                 |
| GLUCOCOM CONTROL NORMAL<br>SOLUTION     | NPB              |                              |                                                                                                                                                                                 |
| GLUCOCOM GLUCOSE STRIP                  | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GLUCOSE CONTROL SOLUTION                | NPB              |                              |                                                                                                                                                                                 |
| GLUCOSE KETONE CONTROL<br>SOLN SOLUTION | PB               |                              |                                                                                                                                                                                 |
| GM100 KIT                               | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|---------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GM100 STRIP                                 | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GOJJI BLOOD GLUCOSE TEST<br>STRIP STRIP     | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| GOJJI GLUCOSE CNTRL SOL-<br>NORMAL SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| GOJJI KETONE CONTROL SOLN-L1<br>SOLUTION    | NPB       |                       |                                                                                                                                                                                 |
| GOJJI MULTI-FUNCTIONAL METER<br>KIT         | NPB       |                       |                                                                                                                                                                                 |
| GUARDIAN 4 GLUCOSE SENSOR<br>DEVICE         | NPB       | ST                    |                                                                                                                                                                                 |
| GUARDIAN 4 TRANSMITTER<br>DEVICE            | NPB       | ST                    |                                                                                                                                                                                 |
| GUARDIAN SENSOR 3 DEVICE                    | NPB       | ST                    |                                                                                                                                                                                 |
| HARMONY GLUCOSE TEST STRIP<br>STRIP         | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| HEALTHPRO GLUCOSE MONITOR                   | FE        |                       |                                                                                                                                                                                 |
| HEALTHPRO HIGH-LOW CONTROL<br>SOLUTION      | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|--------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEALTHPRO TEST STRIPS STRIP                | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| IHEALTH CONTROL SOLN LEVEL 2<br>SOLUTION   | NPB       |                       |                                                                                                                                                                                 |
| IHEALTH GLUCO PLUS METER KIT               | FE        |                       |                                                                                                                                                                                 |
| IHEALTH GLUCOSE TEST STRIP<br>STRIP        | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| INFINITY CONTROL SOLUTION<br>NORM SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| INFINITY STARTER KIT KIT                   | FE        |                       |                                                                                                                                                                                 |
| INFINITY TEST STRIPS STRIP                 | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| MICRO BLOOD GLUCOSE STRIP                  | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| MICRODOT BLOOD GLUCOSE<br>SYSTEM           | 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.



| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|--------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MICRODOT BLOOD GLUCOSE<br>SYSTEM STRIP     | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| MICRODOT XTRA BLOOD<br>GLUCOSE STRIP       | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| MINIMED INSTINCT SENSOR<br>DEVICE          | NPB              | ST                           |                                                                                                                                                                                 |
| MYGLUCOHEALTH CONTROL<br>SOLUTION SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| MYGLUCOHEALTH KIT                          | FE               |                              |                                                                                                                                                                                 |
| MYGLUCOHEALTH STRIP                        | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| NEUTEK 2TEK TEST STRIPS STRIP              | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |

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

| Drug Name                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOVA MAX GLUCOSE TEST STRIP              | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| NOVA MAX PLUS GLUC-KETON<br>METER DEVICE | NPB       |                       |                                                                                                                                                                                 |
| NOVA MAX PLUS GLUC-KETON<br>METER KIT    | NPB       |                       |                                                                                                                                                                                 |
| NOVAMAX PLUS GLU-KET<br>SOLUTION         | NPB       |                       |                                                                                                                                                                                 |
| ON CALL EXPRESS CONTROL<br>SOLUTION      | NPB       |                       |                                                                                                                                                                                 |
| ON CALL EXPRESS METER KIT                | FE        |                       |                                                                                                                                                                                 |
| ON CALL EXPRESS TEST STRIP<br>STRIP      | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| ONETOUCH ULTRA CONTROL<br>SOLUTION       | NPB       |                       |                                                                                                                                                                                 |
| ONETOUCH ULTRA TEST STRIP                | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| ONETOUCH ULTRA2 METER                    | FE        |                       |                                                                                                                                                                                 |
| ONETOUCH VERIO FLEX METER                | FE        |                       |                                                                                                                                                                                 |
| ONETOUCH VERIO MID CONTROL<br>SOLUTION   | 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.

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|---------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ONETOUCH VERIO REFLECT<br>METER             | FE               |                              |                                                                                                                                                                                 |
| ONETOUCH VERIO TEST STRIPS<br>STRIP         | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| OPTIUM EZ STRIP                             | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PHARMACIST CHOICE GLUCOSE<br>SYS            | FE               |                              |                                                                                                                                                                                 |
| PHARMACIST CHOICE STRIP                     | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PIP BLOOD GLUCOSE MONITOR                   | FE               |                              |                                                                                                                                                                                 |
| PIP BLOOD GLUCOSE TEST STRIP<br>STRIP       | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PIP GLUCOSE CONTROL SOLN L1-<br>L2 SOLUTION | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|---------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLATINUM TEST STRIP STRIP             | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PRECISION POINT OF CARE TEST<br>STRIP | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PRECISION XTRA KETONE-<br>GLUCOSE KIT | PB        |                       |                                                                                                                                                                                 |
| PRECISION XTRA MONITOR                | PB        |                       |                                                                                                                                                                                 |
| PRECISION XTRA TEST STRIP             | PB        |                       |                                                                                                                                                                                 |
| PREMIER BLU GLUCOSE METER             | FE        |                       |                                                                                                                                                                                 |
| PREMIER CLASSIC GLUCOSE<br>METER      | FE        |                       |                                                                                                                                                                                 |
| PREMIER COMPACT GLUCOSE<br>METER KIT  | FE        |                       |                                                                                                                                                                                 |
| PREMIER TEST STRIP STRIP              | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PREMIER VOICE GLUCOSE METER           | FE        |                       |                                                                                                                                                                                 |
| PREMIUM BLOOD GLUCOSE<br>MONITOR      | FE        |                       |                                                                                                                                                                                 |
| PREMIUM V10                           | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|-------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREMIUM V10 STRIP                         | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PRO VOICE V8-V9 TEST STRIP<br>STRIP       | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PRO VOICE V9 GLUCOSE MONITOR              | FE        |                       |                                                                                                                                                                                 |
| PRODIGY AUTOCODE METER KIT                | FE        |                       |                                                                                                                                                                                 |
| PRODIGY AUTOCODE MONITOR<br>SYST          | FE        |                       |                                                                                                                                                                                 |
| PRODIGY CONTROL SOLUTION,<br>LOW SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| PRODIGY CONTROL<br>SOLUTION,HIGH SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| PRODIGY NO CODING STRIP                   | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| PRODIGY POCKET METER KIT                  | FE        |                       |                                                                                                                                                                                 |
| PRODIGY VOICE GLUCOSE METER<br>KIT        | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|-----------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUINTET AC STRIP                        | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| QUINTET BLOOD GLUCOSE METER             | FE        |                       |                                                                                                                                                                                 |
| REFUAH PLUS GLUCOSE CONTROL<br>SOLUTION | NPB       |                       |                                                                                                                                                                                 |
| REFUAH PLUS GLUCOSE MONITOR<br>KIT      | FE        |                       |                                                                                                                                                                                 |
| REFUAH PLUS STRIP                       | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| RELION ALL-IN-ONE METER KIT             | FE        |                       |                                                                                                                                                                                 |
| RELION CONFIRM KIT                      | FE        |                       |                                                                                                                                                                                 |
| RELION CONFIRM-MICRO STRIP              | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| RELION MICRO GLUCOSE<br>MONITOR KIT     | FE        |                       |                                                                                                                                                                                 |
| RELION PRIME METER                      | 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.

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|--------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELION PRIME TEST STRIPS STRIP             | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| RELION ULTIMA STRIP                        | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| REVEAL BLOOD GLUCOSE METER<br>KIT          | FE               |                              |                                                                                                                                                                                 |
| REVEAL TEST STRIP STRIP                    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| RIGHTEST CONTROL SOLUTION<br>HIGH SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| RIGHTEST GM550 SYSTEM KIT                  | FE               |                              |                                                                                                                                                                                 |
| RIGHTEST GS550 TEST STRIPS<br>STRIP        | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| RIGHTEST GT333 GLUCOSE METER               | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                                          |
|--------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RIGHTTEST GT333 TEST STRIP STRIP           | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| SIMPLERA SENSOR DEVICE                     | NPB       | ST                    |                                                                                                                                                                                 |
| SIMPLERA SYNC SENSOR DEVICE                | NPB       | ST                    |                                                                                                                                                                                 |
| SMART SENSE MONITORING<br>SYSTEM           | FE        |                       |                                                                                                                                                                                 |
| SMART SENSE TEST STRIPS STRIP              | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| SMARTEST CONTROL SOLUTION                  | NPB       |                       |                                                                                                                                                                                 |
| SMARTEST EJECT KIT                         | FE        |                       |                                                                                                                                                                                 |
| SMARTEST PERSONA STARTER<br>KIT            | FE        |                       |                                                                                                                                                                                 |
| SMARTEST PRONTO STARTER KIT                | FE        |                       |                                                                                                                                                                                 |
| SMARTEST PROTEGE KIT                       | FE        |                       |                                                                                                                                                                                 |
| SMARTEST TEST STRIP                        | FE        |                       | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| SOLUS V2 AUDIBLE METER                     | FE        |                       |                                                                                                                                                                                 |
| SOLUS V2 AUDIBLE METER KIT                 | FE        |                       |                                                                                                                                                                                 |
| SOLUS V2 CONTROL<br>SOLUTION,HIGH SOLUTION | 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.



| <b>Drug Name</b>                  | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|-----------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOLUS V2 TEST STRIPS STRIP        | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| SURE-TEST EASYPLUS MINI<br>METER  | FE               |                              |                                                                                                                                                                                 |
| SURE-TEST EASYPLUS MINI STRIP     | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| TELCARE CONTROL SOLUTION          | NPB              |                              |                                                                                                                                                                                 |
| TELCARE TEST STRIPS STRIP         | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| TEST N'GO BLOOD GLUCOSE<br>SYSTEM | FE               |                              |                                                                                                                                                                                 |
| TEST N'GO TEST STRIP              | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| TRUE METRIX AIR GLUCOSE<br>METER  | PB               |                              |                                                                                                                                                                                 |
| TRUE METRIX GLUCOSE METER         | 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<br>PREFERRED<br>ALTERNATIVES                                                                                                                     |
|--------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUE METRIX GLUCOSE TEST STRIP STRIP | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| TRUE METRIX GO GLUCOSE METER         | PB        |                       |                                                                                                                                                            |
| TRUE METRIX LEVEL 1 SOLUTION         | PB        |                       |                                                                                                                                                            |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT   | FE        |                       |                                                                                                                                                            |
| TRUETEST TEST STRIPS STRIP           | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT   | FE        |                       |                                                                                                                                                            |
| TRUETRACK SMART SYSTEM KIT           | FE        |                       |                                                                                                                                                            |
| TRUETRACK TEST STRIP                 | FE        |                       | FREESTYLE INSULINX TEST STRIPS, FREESTYLE LITE TEST STRIPS, FREESTYLE PRECISION NEO, FREESTYLE TEST STRIPS, PRECISION XTRA, TRUE METRIX GLUCOSE TEST STRIP |
| ULTIMA MONITOR                       | FE        |                       |                                                                                                                                                            |
| ULTRATRAK GLUCOSE METER              | 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.

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                                                 |
|---------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ULTRATRAK STRIP                             | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| ULTRATRAK ULTIMATE                          | FE               |                              |                                                                                                                                                                                 |
| ULTRATRAK ULTIMATE STRIP                    | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| UNISTRIp LOW CONTROL<br>SOLUTION            | NPB              |                              |                                                                                                                                                                                 |
| UNISTRIp1 TEST STRIP STRIP                  | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |
| VIVAGUARD INO CTRL SOLN-<br>L1,2,3 SOLUTION | NPB              |                              |                                                                                                                                                                                 |
| VIVAGUARD INO GLUCOSE<br>METER              | FE               |                              |                                                                                                                                                                                 |
| VIVAGUARD INO SMART GLUC<br>METER           | FE               |                              |                                                                                                                                                                                 |
| VIVAGUARD INO TEST STRIP<br>STRIP           | FE               |                              | FREESTYLE INSULINX<br>TEST STRIPS, FREESTYLE<br>LITE TEST STRIPS,<br>FREESTYLE PRECISION<br>NEO, FREESTYLE TEST<br>STRIPS, PRECISION XTRA,<br>TRUE METRIX GLUCOSE<br>TEST STRIP |

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

| Drug Name                                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES    |
|----------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------|
| <b>DIABETES, SUPPLIES, &amp;<br/>DURABLE MEDICAL<br/>EQUIPMENT</b>               |           |                       |                                           |
| INSULIN SYRINGE-NEEDLE U-100<br>SYRINGE 0.5 ML 29 GAUGE X 1/2"                   | FE        |                       | ULTRA-FINE INSULIN<br>SYRINGE             |
| INSULIN SYRINGE-NEEDLE U-100<br>SYRINGE 1/2 ML 28 GAUGE X 1/2"                   | PB        |                       |                                           |
| OMNIPOD 5<br>INTRO(G6/LIBRE2PLUS)<br>SUBCUTANEOUS CARTRIDGE                      | PB        |                       |                                           |
| <b>GLUCOSE ELEVATING<br/>AGENTS</b>                                              |           |                       |                                           |
| BAQSIMI NASAL SPRAY,NON-<br>AEROSOL 3 MG/ACTUATION                               | PB        | QL                    |                                           |
| diazoxide oral suspension 50 mg/ml                                               | PG        |                       |                                           |
| GLUCAGON (HCL) EMERGENCY<br>KIT INJECTION RECON SOLN 1 MG                        | FE        |                       | glucagon emergency kit,<br>BAQSIMI, GVOKE |
| glucagon emergency kit (human)<br>injection recon soln 1 mg                      | PG        | QL                    |                                           |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.5 MG/0.1 ML, 1 MG/0.2 ML | PB        | QL                    |                                           |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1<br>MG/0.2 ML                  | PB        | QL                    |                                           |
| GVOKE SUBCUTANEOUS<br>SOLUTION 1 MG/0.2 ML                                       | PB        | QL                    |                                           |
| PROGLYCEM ORAL SUSPENSION<br>50 MG/ML                                            | NPB       |                       | diazoxide                                 |
| <b>INSULIN<br/>SYRINGES/MISCELLANEOUS<br/>DURABLE MEDICAL EQU</b>                |           |                       |                                           |
| AUTOJECT 2 INJECTION DEVICE<br>SUBCUTANEOUS INSULIN PEN                          | PB        |                       |                                           |
| AUTOPEN 1 TO 21 UNITS<br>SUBCUTANEOUS INSULIN PEN                                | PB        |                       |                                           |
| BD MICROTAINER LANCET 30<br>GAUGE                                                | 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.

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                   |
|-------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| BD SPECIALTY USE NEEDLES<br>NEEDLE 30 GAUGE X 1/2"          | PB               |                              |                                                                                                                   |
| CEQUR SIMPLICITY DEVICE 2<br>UNIT                           | PB               |                              |                                                                                                                   |
| GENTEEL VACUUM LANCING<br>DEVICE COMBO PACK                 | NPB              |                              |                                                                                                                   |
| ILET STARTER KIT-INSET KIT                                  | PB               |                              |                                                                                                                   |
| INPEN (FOR HUMALOG) PINK<br>SUBCUTANEOUS INSULIN PEN        | NPB              |                              |                                                                                                                   |
| INPEN (NOVOLOG OR FIASP) BLUE<br>SUBCUTANEOUS INSULIN PEN   | NPB              |                              |                                                                                                                   |
| LANCETS 33 GAUGE                                            | PB               |                              |                                                                                                                   |
| LANCING DEVICE                                              | PB               |                              |                                                                                                                   |
| MODD1 PATIENT WELCOME KIT<br>KIT                            | NPB              |                              | ILET INFUSION-CONTACT<br>DETACH, ILET INFUSION<br>KIT-INSET, ILET INSULIN<br>PUMP, MINIMED,<br>TANDEM MOBI SYSTEM |
| NOVOPEN ECHO SUBCUTANEOUS<br>INSULIN PEN                    | NPB              |                              |                                                                                                                   |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)<br>SUBCUTANEOUS CARTRIDGE       | PB               |                              |                                                                                                                   |
| OMNIPOD 5 G6-G7 INTRO<br>KT(GEN5) SUBCUTANEOUS<br>CARTRIDGE | PB               |                              |                                                                                                                   |
| OMNIPOD 5 G6-G7 PODS (GEN 5)<br>SUBCUTANEOUS CARTRIDGE      | PB               |                              |                                                                                                                   |
| OMNIPOD DASH INTRO KIT (GEN<br>4) SUBCUTANEOUS CARTRIDGE    | PB               |                              |                                                                                                                   |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE         | PB               |                              |                                                                                                                   |
| PEN NEEDLE NEEDLE 31 GAUGE X<br>5/16"                       | FE               |                              | AUTOSHIELD DUO PEN<br>NEEDLE, NANO 2ND GEN<br>PEN NEEDLE, NANO PEN<br>NEEDLE, ULTRA-FINE<br>PEN NEEDLE            |
| TWIST REFILL KT(CSST-NDL-SYR)<br>KIT                        | 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<br>PREFERRED<br>ALTERNATIVES                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------|
| TWIST RFL(INFUS-CSST-NDL-SYR)<br>KIT                                                                                                                            | PB        |                       |                                                                                               |
| TWIST STARTER KIT KIT                                                                                                                                           | PB        |                       |                                                                                               |
| V-GO 20 DEVICE                                                                                                                                                  | PB        |                       |                                                                                               |
| V-GO 30 DEVICE                                                                                                                                                  | PB        |                       |                                                                                               |
| V-GO 40 DEVICE                                                                                                                                                  | PB        |                       |                                                                                               |
| <b>INSULIN THERAPY</b>                                                                                                                                          |           |                       |                                                                                               |
| ADMELOG SOLOSTAR U-100<br>INSULIN SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML                                                                                       | FE        |                       | HUMALOG, INSULIN<br>LISPRO KWIKPEN U-100,<br>LYUMJEV KWIKPEN U-<br>100, MERILOG SOLOSTAR      |
| ADMELOG U-100 INSULIN LISPRO<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                                            | FE        |                       | HUMALOG, INSULIN<br>LISPRO, LYUMJEV,<br>MERILOG                                               |
| AFREZZA INHALATION<br>CARTRIDGE WITH INHALER 12<br>UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT<br>(90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8<br>UNIT, 8 UNIT (90)/ 12 UNIT (90) | FE        |                       | HUMALOG, INSULIN<br>LISPRO, LYUMJEV,<br>MERILOG                                               |
| APIDRA SOLOSTAR U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                                                                                        | FE        |                       | HUMALOG, INSULIN<br>LISPRO KWIKPEN U-100,<br>LYUMJEV KWIKPEN U-<br>100, MERILOG SOLOSTAR      |
| APIDRA U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                                                    | FE        |                       | HUMALOG, INSULIN<br>LISPRO, LYUMJEV,<br>MERILOG                                               |
| BASAGLAR KWIKPEN U-100<br>INSULIN SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (3 ML)                                                                                | FE        |                       | INSULIN GLARGINE-<br>YFGN, LANTUS<br>SOLOSTAR, TOUJEO<br>SOLOSTAR, TRESIBA<br>FLEXTOUCH U-100 |
| FIASP FLEXTOUCH U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                                                                 | FE        |                       | HUMALOG, INSULIN<br>LISPRO KWIKPEN U-100,<br>LYUMJEV KWIKPEN U-<br>100, MERILOG SOLOSTAR      |
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (3 ML)                                                                                     | FE        |                       | HUMALOG, INSULIN<br>LISPRO KWIKPEN U-100,<br>LYUMJEV KWIKPEN U-<br>100, MERILOG SOLOSTAR      |

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

| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| FIASP PUMPCART<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (1.6 ML)                       | FE               |                              | HUMALOG, INSULIN<br>LISPRO, LYUMJEV,<br>MERILOG |
| FIASP U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                            | FE               |                              | HUMALOG, INSULIN<br>LISPRO, LYUMJEV,<br>MERILOG |
| HUMALOG JUNIOR KWIKPEN U-<br>100 SUBCUTANEOUS INSULIN PEN,<br>HALF-UNIT 100 UNIT/ML    | PB               |                              |                                                 |
| HUMALOG KWIKPEN INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML, 200 UNIT/ML (3 ML) | PB               |                              |                                                 |
| HUMALOG MIX 50-50 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (50-50)           | PB               |                              |                                                 |
| HUMALOG MIX 75-25 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (75-25)           | PB               |                              |                                                 |
| HUMALOG MIX 75-25(U-<br>100)INSULN SUBCUTANEOUS<br>SUSPENSION 100 UNIT/ML (75-25)      | PB               |                              |                                                 |
| HUMALOG TEMPO PEN(U-<br>100)INSULN SUBCUTANEOUS<br>INSULIN PEN, SENSOR 100<br>UNIT/ML  | PB               |                              |                                                 |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML                         | PB               |                              |                                                 |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                          | FE               |                              | INSULIN LISPRO                                  |
| HUMULIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)          | PB               |                              |                                                 |
| HUMULIN 70/30 U-100 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)         | PB               |                              |                                                 |
| HUMULIN N NPH INSULIN<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)        | PB               |                              |                                                 |

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

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                   |
|------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML              | PB               |                              |                                                                                                                                   |
| HUMULIN R REGULAR U-100<br>INSULIN INJECTION SOLUTION 100<br>UNIT/ML               | PB               |                              |                                                                                                                                   |
| HUMULIN R U-500 (CONC)<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 500 UNIT/ML (3 ML)   | PB               |                              |                                                                                                                                   |
| INSULIN GLARGINE U-300 CONC<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (1.5 ML)    | FE               |                              | INSULIN GLARGINE-<br>YFGN, LANTUS<br>SOLOSTAR, TOUJEO<br>SOLOSTAR, TRESIBA<br>FLEXTOUCH U-200                                     |
| INSULIN GLARGINE U-300 CONC<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (3 ML)      | FE               |                              | INSULIN GLARGINE-<br>YFGN, LANTUS<br>SOLOSTAR, TOUJEO MAX<br>SOLOSTAR, TRESIBA<br>FLEXTOUCH U-100,<br>TRESIBA FLEXTOUCH U-<br>200 |
| INSULIN GLARGINE-YFGN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)            | PB               |                              | INSULIN GLARGINE-<br>YFGN, LANTUS<br>SOLOSTAR, TOUJEO<br>SOLOSTAR, TRESIBA<br>FLEXTOUCH U-100                                     |
| INSULIN GLARGINE-YFGN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                      | PB               |                              | INSULIN GLARGINE-<br>YFGN, LANTUS<br>SOLOSTAR, TOUJEO<br>SOLOSTAR, TRESIBA<br>FLEXTOUCH U-100                                     |
| INSULIN LISPRO PROTAMIN-<br>LISPRO SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (75-25) | PB               |                              |                                                                                                                                   |
| INSULIN LISPRO SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML                             | PB               |                              |                                                                                                                                   |
| INSULIN LISPRO SUBCUTANEOUS<br>INSULIN PEN, HALF-UNIT 100<br>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.



| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>               |
|---------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------|
| INSULIN LISPRO SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                   | PB               |                              |                                                               |
| KIRSTY PEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)                             | FE               |                              | HUMALOG, INSULIN<br>LISPRO KWIKPEN U-100,<br>MERILOG SOLOSTAR |
| KIRSTY SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                           | FE               |                              | HUMALOG, INSULIN<br>LISPRO, MERILOG                           |
| LANTUS SOLOSTAR U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)       | PB               |                              |                                                               |
| LANTUS U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                          | PB               |                              |                                                               |
| LYUMJEV KWIKPEN U-100<br>INSULIN SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML              | PB               |                              |                                                               |
| LYUMJEV KWIKPEN U-200<br>INSULIN SUBCUTANEOUS INSULIN<br>PEN 200 UNIT/ML (3 ML)       | PB               |                              |                                                               |
| LYUMJEV TEMPO PEN(U-<br>100)INSULN SUBCUTANEOUS<br>INSULIN PEN, SENSOR 100<br>UNIT/ML | PB               |                              |                                                               |
| LYUMJEV U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                         | PB               |                              |                                                               |
| MERILOG SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                    | PB               |                              |                                                               |
| MERILOG SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                          | PB               |                              |                                                               |
| NOVOLIN 70-30 FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)        | FE               |                              | HUMULIN 70/30 KWIKPEN                                         |
| NOVOLIN N FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                   | FE               |                              | HUMULIN N KWIKPEN                                             |

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

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>               |
|------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------|
| NOVOLIN R FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                | FE               |                              | HUMULIN R                                                     |
| NOVOLOG FLEXPEN U-100<br>INSULIN SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (3 ML)    | FE               |                              | HUMALOG, INSULIN<br>LISPRO KWIKPEN U-100,<br>MERILOG SOLOSTAR |
| NOVOLOG MIX 70-30 U-100 INSULN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML (70-30)     | FE               |                              | HUMALOG MIX 75-25                                             |
| NOVOLOG MIX 70-30FLEXPEN U-<br>100 SUBCUTANEOUS INSULIN PEN<br>100 UNIT/ML (70-30) | FE               |                              | HUMALOG MIX 75-25                                             |
| NOVOLOG PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML             | FE               |                              | HUMALOG, INSULIN<br>LISPRO, MERILOG                           |
| NOVOLOG U-100 INSULIN ASPART<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML               | FE               |                              | HUMALOG, INSULIN<br>LISPRO, MERILOG                           |
| RELION NOVOLIN 70/30<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)             | FE               |                              | HUMULIN 70-30                                                 |
| RELION NOVOLIN N<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML                         | FE               |                              | HUMULIN N                                                     |
| RELION NOVOLIN R INJECTION<br>SOLUTION 100 UNIT/ML                                 | FE               |                              | HUMULIN R                                                     |
| REZVOGLAR KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                | FE               |                              | INSULIN GLARGINE-<br>YFGN, LANTUS<br>SOLOSTAR                 |
| SEMGLEE(INSULIN GLARGINE-<br>YFGN) SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML            | PB               |                              |                                                               |
| SEMGLEE(INSULIN GLARG-<br>YFGN)PEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)  | PB               |                              |                                                               |
| SOLIQUA 100/33 SUBCUTANEOUS<br>INSULIN PEN 100 UNIT-33 MCG/ML                      | PB               | QL                           |                                                               |

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

| Drug Name                                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                        |
|-----------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------|
| TOUJEO MAX U-300 SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (3 ML)       | PB        |                       |                                                               |
| TOUJEO SOLOSTAR U-300 INSULIN<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (1.5 ML) | PB        |                       |                                                               |
| TRESIBA FLEXTOUCH U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)         | PB        |                       |                                                               |
| TRESIBA FLEXTOUCH U-200<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)         | PB        |                       |                                                               |
| TRESIBA U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                     | PB        |                       |                                                               |
| <b>MISCELLANEOUS HORMONES</b>                                                     |           |                       |                                                               |
| ALDURAZYME INTRAVENOUS<br>SOLUTION 2.9 MG/5 ML                                    | PS        | PA; LA                |                                                               |
| ANDROGEL TRANSDERMAL GEL<br>IN METERED-DOSE PUMP 20.25<br>MG/1.25 GRAM (1.62 %)   | FE        | T                     | testosterone                                                  |
| AVEED INTRAMUSCULAR<br>SOLUTION 750 MG/3 ML (250<br>MG/ML)                        | FE        | T                     | testosterone cypionate,<br>testosterone enanthate,<br>XYOSTED |
| AVLAYAH INTRAVENOUS RECON<br>SOLN 150 MG                                          | NPS       | PA                    |                                                               |
| AZMIRO INTRAMUSCULAR<br>SYRINGE 200 MG/ML                                         | FE        | T                     | testosterone cypionate,<br>testosterone enanthate,<br>XYOSTED |
| BRINEURA INTRAVENTRICULAR<br>KIT 300 MG/10 ML (150MG/5ML X2)                      | PS        | PA                    |                                                               |
| cabergoline oral tablet 0.5 mg                                                    | PG        | QL                    |                                                               |
| calcitonin (salmon) injection solution<br>200 unit/ml                             | PG        |                       |                                                               |
| calcitonin (salmon) nasal spray,non-<br>aerosol 200 unit/actuation                | PG        |                       |                                                               |
| CERDELGA ORAL CAPSULE 84 MG                                                       | PS        | PA; QL; LA            |                                                               |
| CEREZYME INTRAVENOUS RECON<br>SOLN 400 UNIT                                       | PS        | PA; LA                |                                                               |

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

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| cetrorelix subcutaneous kit 0.25 mg                                | PS               | F                            |                                                 |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG                                 | PS               | F; LA                        |                                                 |
| CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT      | NPB              | ST; F                        | OVIDREL, PREGNYL                                |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT | FE               | F                            | OVIDREL, PREGNYL                                |
| cinacalcet oral tablet 30 mg, 60 mg, 90 mg                         | PG               | ST                           |                                                 |
| clomid oral tablet 50 mg                                           | PG               | F                            |                                                 |
| clomiphene citrate oral tablet 50 mg                               | PG               | F                            |                                                 |
| CRENESSITY ORAL CAPSULE 100 MG, 25 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                            |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML           | NPB              | PA; T                        | testosterone cypionate                          |
| DESMODA ORAL SOLUTION 0.05 MG/ML                                   | FE               |                              | desmopressin acetate, desmopressin acetate      |
| desmopressin injection solution 4 mcg/ml                           | PS               | LA                           |                                                 |
| desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)           | PG               |                              |                                                 |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)       | PB               |                              |                                                 |
| desmopressin oral tablet 0.1 mg, 0.2 mg                            | PG               |                              |                                                 |

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

| <b>Drug Name</b>                                                                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg                                                 | PG               |                              |                                                 |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML                                                              | PS               | PA; LA                       |                                                 |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT                                                              | FE               |                              | CEREZYME                                        |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML                                                                | PS               | PA; LA                       |                                                 |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG                                                         | PS               | PA; LA                       |                                                 |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML             | FE               | F                            | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT     |
| fyremadel subcutaneous syringe 250 mcg/0.5 ml                                                        | PS               | F; LA                        |                                                 |
| GALAFOLD ORAL CAPSULE 123 MG                                                                         | NPS              | PA; QL; LA                   | FABRAZYME                                       |
| ganirelix subcutaneous syringe 250 mcg/0.5 ml                                                        | PS               | ST; F; LA                    |                                                 |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML | PS               | ST; F; LA                    |                                                 |
| GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT                                                             | PS               | ST; F; LA                    |                                                 |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                                                      | FE               |                              | ketoconazole, SIGNIFOR                          |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG                                                          | NPB              | PA; QL; T                    | testosterone, testosterone                      |
| 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                       | tolvaptan                                       |

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

| Drug Name                                                                                                                                                               | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| JYNARQUE ORAL TABLETS,<br>SEQUENTIAL 15 MG (AM)/ 15 MG<br>(PM), 30 MG (AM)/ 15 MG (PM), 45<br>MG (AM)/ 15 MG (PM), 60 MG (AM)/<br>30 MG (PM), 90 MG (AM)/ 30 MG<br>(PM) | NPS       | PA; QL                | tolvaptan                              |
| KANUMA INTRAVENOUS<br>SOLUTION 2 MG/ML                                                                                                                                  | PS        | PA; LA                |                                        |
| KORLYM ORAL TABLET 300 MG                                                                                                                                               | FE        |                       | mifepristone                           |
| KUVAN ORAL POWDER IN PACKET<br>100 MG, 500 MG                                                                                                                           | FE        |                       | sapropterin dihydrochloride            |
| KUVAN ORAL TABLET,SOLUBLE<br>100 MG                                                                                                                                     | FE        |                       | sapropterin dihydrochloride            |
| KYZATREX ORAL CAPSULE 150<br>MG, 200 MG                                                                                                                                 | FE        | T                     | testosterone, testosterone             |
| LUMIZYME INTRAVENOUS RECON<br>SOLN 50 MG                                                                                                                                | PS        | PA; LA                |                                        |
| MENOPUR SUBCUTANEOUS<br>RECON SOLN 75 UNIT                                                                                                                              | PS        | F; LA                 |                                        |
| MEPSEVII INTRAVENOUS<br>SOLUTION 2 MG/ML                                                                                                                                | PS        | PA; LA                |                                        |
| METHITEST ORAL TABLET 10 MG                                                                                                                                             | PB        |                       |                                        |
| methyltestosterone oral capsule 10 mg                                                                                                                                   | PG        |                       |                                        |
| MIACALCIN INJECTION SOLUTION<br>200 UNIT/ML                                                                                                                             | NPB       |                       | calcitonin-salmon                      |
| mifepristone oral tablet 300 mg                                                                                                                                         | PS        | LA                    |                                        |
| miglustat oral capsule 100 mg                                                                                                                                           | PS        | PA; QL; LA            |                                        |
| milophene oral tablet 50 mg                                                                                                                                             | PG        | F                     |                                        |
| MYALEPT SUBCUTANEOUS<br>RECON SOLN 5 MG/ML (FINAL<br>CONC.)                                                                                                             | PS        | PA; LA                |                                        |
| NAGLAZYME INTRAVENOUS<br>SOLUTION 5 MG/5 ML                                                                                                                             | PS        | PA; LA                |                                        |
| NATESTO NASAL GEL IN<br>METERED-DOSE PUMP 5.5 MG/0.122<br>GRAM/ACTUATION                                                                                                | FE        | T                     | testosterone, testosterone             |
| NEXVIAZYME INTRAVENOUS<br>RECON SOLN 100 MG                                                                                                                             | NPS       | PA; LA                |                                        |

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

| Drug Name                                                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES       |
|---------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------|
| NOVAREL INTRAMUSCULAR<br>RECON SOLN 5,000 UNIT                                              | FE        | F                     | OVIDREL, PREGNYL                             |
| OPFOLDA ORAL CAPSULE 65 MG                                                                  | FE        |                       | LUMIZYME                                     |
| ORILISSA ORAL TABLET 150 MG,<br>200 MG                                                      | PB        | QL                    |                                              |
| OVIDREL SUBCUTANEOUS<br>SYRINGE 250 MCG/0.5 ML                                              | PS        | F; LA                 |                                              |
| PALYNZIQ SUBCUTANEOUS<br>SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5<br>ML, 20 MG/ML                   | PS        | PA; QL; LA            |                                              |
| paricalcitol intravenous solution 2<br>mcg/ml, 5 mcg/ml                                     | PG        |                       |                                              |
| paricalcitol oral capsule 1 mcg, 2 mcg, 4<br>mcg                                            | PG        |                       |                                              |
| POMBILITI INTRAVENOUS RECON<br>SOLN 105 MG                                                  | NPS       | PA; LA                | LUMIZYME                                     |
| PREGNYL INTRAMUSCULAR<br>RECON SOLN 10,000 UNIT                                             | PS        | QL; F; LA             |                                              |
| RAYALDEE ORAL<br>CAPSULE,EXTENDED RELEASE 24<br>HR 30 MCG                                   | NPB       |                       | calcitriol, doxercalciferol,<br>paricalcitol |
| RECORLEV ORAL TABLET 150 MG                                                                 | FE        |                       | ketoconazole                                 |
| SAMSCA ORAL TABLET 15 MG, 30<br>MG                                                          | FE        |                       | tolvaptan                                    |
| sapropterin oral powder in packet 100<br>mg, 500 mg                                         | PS        | PA; LA                |                                              |
| sapropterin oral tablet,soluble 100 mg                                                      | PS        | PA; LA                |                                              |
| SENSIPAR ORAL TABLET 30 MG, 60<br>MG, 90 MG                                                 | FE        |                       | cinacalcet hcl                               |
| SEPHIENCE ORAL POWDER IN<br>PACKET 1,000 MG, 250 MG                                         | FE        |                       | sapropterin dihydrochloride                  |
| SOMAVERT SUBCUTANEOUS<br>RECON SOLN 10 MG, 15 MG, 20 MG,<br>25 MG, 30 MG                    | PS        | PA; LA                |                                              |
| STRENSIQ SUBCUTANEOUS<br>SOLUTION 18 MG/0.45 ML, 28<br>MG/0.7 ML, 40 MG/ML, 80 MG/0.8<br>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.

| <b>Drug Name</b>                                                                                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>         |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------|
| 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              |                              |                                                         |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)                                                                                              | FE               | T                            | testosterone                                            |
| TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML                                                                                                | FE               | T                            |                                                         |
| TESTOPEL IMPLANT PELLETT 75 MG                                                                                                         | NPS              | PA; T                        | testosterone cypionate, testosterone enanthate, XYOSTED |
| testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml                                                                          | PG               | PA; T                        |                                                         |
| testosterone enanthate intramuscular oil 200 mg/ml                                                                                     | PG               | PA; T                        |                                                         |
| TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG                                                                                     | NPB              | PA; T                        |                                                         |
| testosterone transdermal gel 50 mg/5 gram (1 %)                                                                                        | PG               | PA; QL; T                    |                                                         |
| testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)     | PG               | PA; QL; T                    |                                                         |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) | PG               | PA; QL; T                    |                                                         |
| testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)                                                       | PG               | PA; QL; T                    |                                                         |
| TLANDO ORAL CAPSULE 112.5 MG                                                                                                           | FE               | T                            | testosterone, testosterone                              |
| tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg                                                                                | PS               | 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.



| <b>Drug Name</b>                                                                                                                                                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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               | QL; LA                       |                                                 |
| tolvaptan oral tablet 15 mg, 30 mg                                                                                                                                             | PS               | PA; QL; LA                   |                                                 |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)                                                                                                                               | PS               | PA; LA                       |                                                 |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)                                                                                                                                     | NPB              | PA; QL; T                    | testosterone                                    |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)                                                                                                          | NPB              | PA; QL; T                    | testosterone                                    |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)                                                                                                                           | NPB              | PA; QL; T                    | testosterone                                    |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG                                                                                                                        | NPS              | PA; LA                       |                                                 |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT                                                                                                                                          | FE               |                              | CEREZYME                                        |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML                                                                                                   | PB               | PA; QL; T                    |                                                 |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML                                                                                           | NPS              | PA                           |                                                 |
| YUWIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG, 5.5 MG                                                                                                                         | FE               |                              |                                                 |
| zelvysia oral powder in packet 100 mg, 500 mg                                                                                                                                  | PS               | PA                           |                                                 |
| ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML                                                                                                                                | NPB              |                              | paricalcitol                                    |
| 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                           |                                                 |

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

| Drug Name                                                                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES           |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------|
| zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml                                         | PS        | LA                    |                                                  |
| ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML                                         | NPS       | LA                    |                                                  |
| <b>NON-INSULIN<br/>HYPOGLYCEMIC AGENTS</b>                                                               |           |                       |                                                  |
| 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       |
| BREZAVVY ORAL TABLET 20 MG                                                                               | FE        |                       | dapagliflozin, JARDIANCE                         |
| BRYNOVIN ORAL SOLUTION 25 MG/ML                                                                          | FE        |                       | saxagliptin hcl, JANUVIA                         |
| CYCLOSET ORAL TABLET 0.8 MG                                                                              | NPB       |                       | metformin hcl, glimepiride, glipizide, glyburide |
| dapagliflozin oral tablet 10 mg, 5 mg                                                                    | PG        | ST; QL                |                                                  |
| dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg | PG        | ST; QL                |                                                  |
| dapagliflozin-saxagliptin oral tablet 10-5 mg                                                            | PG        |                       |                                                  |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG                                                                     | NPB       | QL                    | pioglitazone-glimepiride                         |
| FARXIGA ORAL TABLET 10 MG, 5 MG                                                                          | FE        |                       | dapagliflozin                                    |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg                                                                 | PG        |                       |                                                  |
| GLIMEPIRIDE ORAL TABLET 3 MG                                                                             | FE        |                       | glimepiride                                      |
| glipizide 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.

| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>   |
|---------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------|
| GLIPIZIDE ORAL TABLET 15 MG, 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               |                              |                                                   |
| 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               |                              | dapagliflozin, JARDIANCE                          |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG                            | FE               |                              | dapagliflozin-metformin er, SYNJARDY, SYNJARDY XR |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | FE               |                              | dapagliflozin-metformin er, SYNJARDY, SYNJARDY XR |
| INVOKANA ORAL TABLET 100 MG, 300 MG                                                               | FE               |                              | dapagliflozin, 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     |
| 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                                                     | NPB              | ST; QL                       | saxagliptin-metformin er, JANUMET, JANUMET XR     |

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

| <b>Drug Name</b>                                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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, 625 mg, 850 mg                                                                   | PG               |                              |                                                 |
| 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               | PA; 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 25 MG                                                                                                 | FE               |                              | saxagliptin hcl, JANUVIA                        |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG                                                                                   | PB               | ST; QL                       |                                                 |
| 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                           |                                                 |
| pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg                                                                  | PG               | QL                           |                                                 |
| repaglinide oral tablet 0.5 mg, 1 mg, 2 mg                                                                               | PG               |                              |                                                 |
| RIOMET ORAL SOLUTION 500 MG/5 ML                                                                                         | NPB              | ST                           | metformin 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<br>PREFERRED<br>ALTERNATIVES            |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------|
| 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        |                       | dapagliflozin-metformin er, SYNJARDY, SYNJARDY 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        |                       | saxagliptin-metformin er, JANUMET, JANUMET XR     |
| STEGLATRO ORAL TABLET 15 MG, 5 MG                                                                               | FE        |                       | dapagliflozin, JARDIANCE                          |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG                                                                       | FE        |                       | GLYXAMBI                                          |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                                           | PB        | ST; QL                |                                                   |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG             | PB        | ST; QL                |                                                   |
| TRADJENTA ORAL TABLET 5 MG                                                                                      | FE        |                       | saxagliptin hcl, JANUVIA                          |
| 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                |                                                   |

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

| Drug Name                                                                                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                 |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------|
| VICTOZA 2-PAK SUBCUTANEOUS<br>PEN INJECTOR 0.6 MG/0.1 ML (18<br>MG/3 ML)                                                           | FE        |                       | liraglutide                                            |
| VICTOZA 3-PAK SUBCUTANEOUS<br>PEN INJECTOR 0.6 MG/0.1 ML (18<br>MG/3 ML)                                                           | FE        |                       | liraglutide                                            |
| XIGDUO XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 10-1,000 MG, 10-500<br>MG, 5-1,000 MG, 5-500 MG                                   | FE        |                       | dapagliflozin-metformin er                             |
| XIGDUO XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 2.5-1,000 MG                                                                      | FE        |                       |                                                        |
| ZITUVIMET ORAL TABLET 50-1,000<br>MG, 50-500 MG                                                                                    | FE        |                       | saxagliptin-metformin er,<br>JANUMET, JANUMET XR       |
| ZITUVIMET XR ORAL TABLET, ER<br>MULTIPHASE 24 HR 100-1,000 MG,<br>50-1,000 MG, 50-500 MG                                           | FE        |                       | saxagliptin-metformin er,<br>JANUMET, JANUMET XR       |
| ZITUVIO ORAL TABLET 100 MG, 25<br>MG, 50 MG                                                                                        | FE        |                       | saxagliptin hcl, JANUVIA                               |
| <b>THYROID HORMONES</b>                                                                                                            |           |                       |                                                        |
| adthyza oral tablet 120 mg, 15 mg, 30<br>mg, 60 mg, 90 mg                                                                          | PG        |                       |                                                        |
| ADTHYZA ORAL TABLET 130 MG,<br>16.25 MG, 32.5 MG, 65 MG, 97.5 MG                                                                   | FE        |                       | levothyroxine sodium, np<br>thyroid, ARMOUR<br>THYROID |
| ARMOUR THYROID ORAL TABLET<br>120 MG, 15 MG, 180 MG, 240 MG, 30<br>MG, 300 MG, 60 MG, 90 MG                                        | PB        |                       |                                                        |
| CYTOMEL ORAL TABLET 25 MCG,<br>5 MCG, 50 MCG                                                                                       | FE        |                       | liomny, liothyronine sodium                            |
| evexithroid oral tablet 120 mg, 15 mg,<br>180 mg, 30 mg, 45 mg, 60 mg, 75 mg,<br>90 mg                                             | PG        |                       |                                                        |
| levo-t oral tablet 100 mcg, 112 mcg, 125<br>mcg, 137 mcg, 150 mcg, 175 mcg, 200<br>mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg,<br>88 mcg | PG        |                       |                                                        |

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

| Drug Name                                                                                                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------|
| LEVOTHYROXINE ORAL CAPSULE<br>100 MCG, 112 MCG, 125 MCG, 13<br>MCG, 137 MCG, 150 MCG, 175 MCG,<br>200 MCG, 25 MCG, 50 MCG, 75 MCG,<br>88 MCG                        | FE        |                       | levothyroxine sodium,<br>levoxyl, unithroid |
| levothyroxine oral tablet 100 mcg, 112<br>mcg, 125 mcg, 137 mcg, 150 mcg, 175<br>mcg, 200 mcg, 25 mcg, 300 mcg, 50<br>mcg, 75 mcg, 88 mcg                           | PG        |                       |                                             |
| levoxyl oral tablet 100 mcg, 112 mcg,<br>125 mcg, 137 mcg, 150 mcg, 175 mcg,<br>200 mcg, 25 mcg, 50 mcg, 75 mcg, 88<br>mcg                                          | PG        |                       |                                             |
| liomny oral tablet 25 mcg, 5 mcg, 50<br>mcg                                                                                                                         | PG        |                       |                                             |
| liothyronine oral tablet 25 mcg, 5 mcg,<br>50 mcg                                                                                                                   | PG        |                       |                                             |
| niva thyroid oral tablet 120 mg, 15 mg,<br>30 mg, 60 mg, 90 mg                                                                                                      | PG        |                       |                                             |
| np thyroid oral tablet 120 mg, 15 mg, 30<br>mg, 60 mg, 90 mg                                                                                                        | PG        |                       |                                             |
| renthyroid oral tablet 120 mg, 15 mg, 30<br>mg, 60 mg, 90 mg                                                                                                        | PG        |                       |                                             |
| RENTHYROID ORAL TABLET 45<br>MG, 75 MG                                                                                                                              | NPB       |                       |                                             |
| SYNTHROID ORAL TABLET 100<br>MCG, 112 MCG, 125 MCG, 137 MCG,<br>150 MCG, 175 MCG, 200 MCG, 25<br>MCG, 300 MCG, 50 MCG, 75 MCG, 88<br>MCG                            | FE        |                       | levothyroxine sodium,<br>levoxyl, unithroid |
| THYQUIDITY ORAL SOLUTION 20<br>MCG/ML                                                                                                                               | FE        |                       | levothyroxine sodium,<br>levoxyl, unithroid |
| thyroid (pork) oral tablet 120 mg, 15 mg,<br>30 mg, 60 mg, 90 mg                                                                                                    | PG        |                       |                                             |
| TIROSINT ORAL CAPSULE 100<br>MCG, 112 MCG, 125 MCG, 13 MCG,<br>137 MCG, 150 MCG, 175 MCG, 200<br>MCG, 25 MCG, 37.5 MCG, 44 MCG,<br>50 MCG, 62.5 MCG, 75 MCG, 88 MCG | FE        |                       | levothyroxine sodium,<br>levoxyl, unithroid |

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

| Drug Name                                                                                                                                                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------|
| TIROSINT-SOL ORAL SOLUTION<br>100 MCG/ML, 112 MCG/ML, 125<br>MCG/ML, 13 MCG/ML, 137 MCG/ML,<br>150 MCG/ML, 175 MCG/ML, 200<br>MCG/ML, 25 MCG/ML, 37.5<br>MCG/ML, 44 MCG/ML, 50 MCG/ML,<br>62.5 MCG/ML, 75 MCG/ML, 88<br>MCG/ML | FE        |                       | levothyroxine sodium,<br>levoxyl, unithroid |
| unithroid oral tablet 100 mcg, 112 mcg,<br>125 mcg, 137 mcg, 150 mcg, 175 mcg,<br>200 mcg, 25 mcg, 300 mcg, 50 mcg, 75<br>mcg, 88 mcg                                                                                          | PG        |                       |                                             |

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

|                                                                         |     |        |                 |
|-------------------------------------------------------------------------|-----|--------|-----------------|
| belladonna alkaloids-opium rectal<br>suppository 16.2-30 mg, 16.2-60 mg | PG  | PA; QL |                 |
| chlordiazepoxide-clidinium oral capsule<br>5-2.5 mg                     | PG  |        |                 |
| CUVPOSA ORAL SOLUTION 1 MG/5<br>ML (0.2 MG/ML)                          | FE  |        | glycopyrrolate  |
| DARTISLA ORAL<br>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  |        |                 |
| DICYCLOMINE ORAL TABLET 40<br>MG                                        | FE  |        | dicyclomine hcl |
| diphenoxylate-atropine oral liquid 2.5-<br>0.025 mg/5 ml                | PG  |        |                 |
| diphenoxylate-atropine oral tablet 2.5-<br>0.025 mg                     | PG  |        |                 |
| DONNATAL ORAL ELIXIR 16.2-<br>0.1037 -0.0194 MG/5 ML                    | NPB |        | phenohydro      |
| DONNATAL ORAL TABLET 16.2-<br>0.1037 -0.0194 MG                         | NPB |        | phenohydro      |
| ed-spaz oral tablet,disintegrating 0.125<br>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<br>PREFERRED<br>ALTERNATIVES |
|-----------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| 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 tablet     |
| 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        |                       | chlordiazepoxide-clidinium             |
| LOMOTIL ORAL TABLET 2.5-0.025 MG                                | NPB       |                       | diphenoxylate-atropine                 |
| methscopolamine oral tablet 2.5 mg, 5 mg                        | NPG       |                       | glycopyrrolate                         |
| MOTOFEN ORAL TABLET 1-0.025 MG                                  | NPB       |                       | diphenoxylate-atropine                 |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG              | FE        |                       | diphenoxylate-atropine, loperamide hcl |
| NULEV ORAL TABLET, DISINTEGRATING 0.125 MG                      | NPB       |                       | hyoscyamine sulfate                    |

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

| Drug Name                                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES               |
|-----------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------|
| opium tincture oral tincture 10 mg/ml (morphine)                            | FE        |                       | diphenoxylate-atropine, loperamide hcl               |
| 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        |                       |                                                      |
| phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml                         | PG        |                       |                                                      |
| phenohydro oral tablet 16.2-0.1037 - 0.0194 mg                              | PG        |                       |                                                      |
| ROBINUL FORTE ORAL TABLET 2 MG                                              | NPB       |                       | glycopyrrolate                                       |
| ROBINUL ORAL TABLET 1 MG                                                    | NPB       |                       | glycopyrrolate                                       |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) | NPB       |                       | hyoscyamine sulfate                                  |
| symax fastabs oral tablet,disintegrating 0.125 mg                           | PG        |                       |                                                      |
| symax-sl sublingual tablet 0.125 mg                                         | PG        |                       |                                                      |
| symax-sr oral tablet extended release 12 hr 0.375 mg                        | PG        |                       |                                                      |
| <b>MISCELLANEOUS<br/>GASTROINTESTINAL AGENTS</b>                            |           |                       |                                                      |
| 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 8 MCG                                                  | FE        |                       | lubiprostone                                         |
| ANALPRAM-HC RECTAL CREAM 1-1 %                                              | NPB       |                       | hc pramoxine, pramoxine hcl w/hydrocortisone         |
| ANALPRAM-HC RECTAL CREAM 2.5-1 %                                            | NPB       | ST                    | hc pramoxine, pramoxine hcl w/hydrocortisone         |
| ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)                               | NPB       | ST                    | hc pramoxine, pramoxine hcl w/hydrocortisone         |

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

| Drug Name                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                             |
|---------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------|
| ANTIVERT ORAL TABLET 50 MG                                          | FE        |                       | meclizine hcl                                                                                      |
| anucort-hc rectal suppository 25 mg                                 | PG        |                       |                                                                                                    |
| ANUSOL-HC RECTAL<br>SUPPOSITORY 25 MG                               | FE        |                       | hydrocortisone acetate                                                                             |
| ANUSOL-HC TOPICAL CREAM<br>WITH PERINEAL APPLICATOR 2.5<br>%        | FE        |                       | procto-med hc, proctosol-hc,<br>proctozone-hc                                                      |
| aprepitant oral capsule 125 mg, 40 mg,<br>80 mg                     | PG        | QL                    |                                                                                                    |
| aprepitant oral capsule,dose pack 125 mg<br>(1)- 80 mg (2)          | PG        | QL                    |                                                                                                    |
| APRISO ORAL<br>CAPSULE,EXTENDED RELEASE<br>24HR 0.375 GRAM          | NPB       | ST                    | mesalamine er                                                                                      |
| AVSOLA INTRAVENOUS RECON<br>SOLN 100 MG                             | PS        | PA; LA                |                                                                                                    |
| AZULFIDINE EN-TABS ORAL<br>TABLET,DELAYED RELEASE<br>(DR/EC) 500 MG | NPB       | ST                    | sulfasalazine                                                                                      |
| AZULFIDINE ORAL TABLET 500<br>MG                                    | NPB       | ST                    | sulfasalazine                                                                                      |
| balsalazide oral capsule 750 mg                                     | PG        |                       |                                                                                                    |
| betaine oral powder 1 gram/scoop                                    | PS        | PA                    |                                                                                                    |
| bisacodyl oral tablet,delayed release<br>(dr/ec) 5 mg               | PG        | ACA                   |                                                                                                    |
| BONJESTA ORAL<br>TABLET,IR,DELAYED<br>REL,BIPHASIC 20-20 MG         | FE        |                       | doxylamine succ-pyridoxine<br>hcl                                                                  |
| budesonide oral<br>capsule,delayed,extend.release 3 mg              | PG        |                       |                                                                                                    |
| budesonide oral tablet,delayed and<br>ext.release 9 mg              | PG        | ST                    |                                                                                                    |
| budesonide rectal foam 2 mg/actuation                               | PG        |                       |                                                                                                    |
| BYLVAY ORAL CAPSULE 1,200<br>MCG, 400 MCG                           | NPS       | PA; QL; LA            | cholestyramine, fenofibrate,<br>naltrexone hydrochloride,<br>rifampin, sertraline hcl,<br>ursodiol |

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

| Drug Name                                                                                                                                                                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------|
| BYLVAY ORAL PELLETT 200 MCG,<br>600 MCG                                                                                                                                                               | NPS       | PA; QL; LA            | cholestyramine, fenofibrate,<br>naltrexone hydrochloride,<br>rifampin, sertraline hcl,<br>ursodiol |
| CANASA RECTAL SUPPOSITORY<br>1,000 MG                                                                                                                                                                 | FE        |                       | mesalamine                                                                                         |
| CHOLBAM ORAL CAPSULE 250 MG                                                                                                                                                                           | PS        | PA                    |                                                                                                    |
| CHOLBAM ORAL CAPSULE 50 MG                                                                                                                                                                            | PS        | PA; QL                |                                                                                                    |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200<br>MG X 2 VIALS)                                                                                                                            | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TALTZ AUTOINJECTOR,<br>TREMIFYA                        |
| CIMZIA SUBCUTANEOUS SYRINGE<br>KIT 200 MG/ML, 400 MG/2 ML (200<br>MG/ML X 2)                                                                                                                          | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, SOTYKTU,<br>TALTZ AUTOINJECTOR,<br>TREMIFYA                        |
| citroma oral solution                                                                                                                                                                                 | PG        | ACA                   |                                                                                                    |
| clearlax oral powder 17 gram/dose                                                                                                                                                                     | PG        | ACA                   |                                                                                                    |
| CLENPIQ ORAL SOLUTION 10 MG-<br>3.5 GRAM- 12 GRAM/175 ML                                                                                                                                              | FE        |                       | peg3350-sod sul-nacl-kcl-asb-<br>c, sod sulf-potass sulf-mag<br>sulf                               |
| COLAZAL ORAL CAPSULE 750 MG                                                                                                                                                                           | NPB       | ST                    | balsalazide disodium                                                                               |
| COMPAZINE ORAL TABLET 10 MG,<br>5 MG                                                                                                                                                                  | NPB       |                       | prochlorperazine maleate                                                                           |
| COMPAZINE RECTAL<br>SUPPOSITORY 25 MG                                                                                                                                                                 | NPB       |                       | prochlorperazine maleate                                                                           |
| compro rectal suppository 25 mg                                                                                                                                                                       | PG        |                       |                                                                                                    |
| constulose oral solution 10 gram/15 ml                                                                                                                                                                | PG        |                       |                                                                                                    |
| CORTENEMA RECTAL ENEMA 100<br>MG/60 ML                                                                                                                                                                | NPB       |                       | hydrocortisone                                                                                     |
| CORTIFOAM RECTAL FOAM 10 %<br>(80 MG)                                                                                                                                                                 | FE        |                       | budesonide, hydrocortisone                                                                         |
| CREON ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 12,000-38,000 -<br>60,000 UNIT, 24,000-76,000 -120,000<br>UNIT, 3,000-9,500- 15,000 UNIT,<br>36,000-114,000- 180,000 UNIT, 6,000-<br>19,000 -30,000 UNIT | 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.

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                 |
|-----------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------|
| cromolyn oral concentrate 100 mg/5 ml                                       | PG               |                              |                                                                 |
| CTEXTLI 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                                  |
| 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, VELSPITY, ZYMFENTRA |
| 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                                                 |
| 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                          |                                                                 |

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

| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                           |                                                 |
| GRANISOL ORAL SOLUTION 1 MG/5 ML                                      | FE               |                              | granisetron hcl, ondansetron hcl                |
| hemmorex-hc rectal suppository 25 mg, 30 mg                           | PG               |                              |                                                 |
| hydrocortisone acetate rectal suppository 25 mg, 30 mg                | PG               |                              |                                                 |
| hydrocortisone acetate topical cream with perineal applicator 2.5 %   | 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                               | FE               |                              | AVSOLA, INFLIXIMAB                              |
| INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG                              | PS               | PA                           |                                                 |
| IQIRVO ORAL TABLET 80 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.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                              |
|---------------------------------------------------------------------|------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM                             | NPB              |                              | lactulose                                                                                                    |
| lactulose oral packet 10 gram                                       | FE               |                              | lactulose solutions                                                                                          |
| 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                          |                                                                                                              |
| 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-hydrocortisone                                                                                     |
| lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-2.5 % (7 gram) | PG               |                              |                                                                                                              |
| lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram)            | PG               | PA                           | hydrocortisone acetate 2.5%-pramoxine hcl 1% cream<br>AND lidocaine hcl 3%-hydrocortisone acetate 0.5% cream |
| 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                                         | FE               |                              | IQIRVO                                                                                                       |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                          | NPS              | PA                           | cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol                    |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG                     | NPS              | PA                           | cholestyramine, fenofibrate, 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                          |                                                                                                              |

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

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| MARINOL ORAL CAPSULE 10 MG,<br>2.5 MG, 5 MG                        | NPB              |                              | dronabinol                                      |
| meclizine oral tablet 50 mg                                        | PG               |                              |                                                 |
| mesalamine oral capsule (with del rel<br>tablets) 400 mg           | PG               |                              |                                                 |
| mesalamine oral capsule, extended<br>release 500 mg                | PG               | ST                           |                                                 |
| mesalamine oral capsule,extended<br>release 24hr 0.375 gram        | PG               | ST                           |                                                 |
| mesalamine oral tablet,delayed release<br>(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<br>enema kit 4 gram/60 ml    | PG               |                              |                                                 |
| metoclopramide hcl oral solution 5 mg/5<br>ml                      | PG               |                              |                                                 |
| metoclopramide hcl oral tablet 10 mg, 5<br>mg                      | PG               |                              |                                                 |
| MICORT-HC TOPICAL CREAM<br>WITH PERINEAL APPLICATOR 2.5<br>%       | FE               |                              | hydrocortisone                                  |
| milk of magnesia concentrated oral<br>suspension 2,400 mg/10 ml    | PG               | ACA                          |                                                 |
| milk of magnesia oral suspension 400<br>mg/5 ml                    | PG               | ACA                          |                                                 |
| MOTEGRITY ORAL TABLET 1 MG,<br>2 MG                                | FE               |                              | prucalopride                                    |
| MOVANTIK ORAL TABLET 12.5<br>MG, 25 MG                             | PB               |                              |                                                 |
| MOVIPREP ORAL POWDER IN<br>PACKET 100-7.5-2.691 GRAM               | FE               |                              | peg3350-sod sul-nacl-kcl-asb-<br>c              |
| NEREUS ORAL CAPSULE 85 MG                                          | FE               |                              |                                                 |
| nitroglycerin rectal ointment 0.4 %<br>(w/w)                       | 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<br>PREFERRED<br>ALTERNATIVES                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------|
| NOVACORT TOPICAL GEL WITH<br>PERINEAL APPLICATOR 2-1 %                                                                                                                                                                                   | FE        |                       | epifoam,<br>hydrocortisone/pramoxine<br>cream, pramosone cream,<br>pramosone lotion, pramosone<br>ointment |
| OMVOH INTRAVENOUS SOLUTION<br>300 MG/15 ML (20 MG/ML)                                                                                                                                                                                    | PS        | PA; LA                |                                                                                                            |
| OMVOH PEN SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 200 MG/2<br>ML, 300MG/3ML(100MG /ML-200<br>MG/2ML)                                                                                                                                     | PS        | PA; QL; LA            |                                                                                                            |
| OMVOH SUBCUTANEOUS<br>SYRINGE 100 MG/ML, 200 MG/2 ML,<br>300MG/3ML(100MG /ML-200<br>MG/2ML)                                                                                                                                              | PS        | PA; QL; LA            |                                                                                                            |
| ondansetron hcl oral solution 4 mg/5 ml                                                                                                                                                                                                  | PG        | QL                    |                                                                                                            |
| ondansetron hcl oral tablet 4 mg, 8 mg                                                                                                                                                                                                   | PG        | QL                    |                                                                                                            |
| ONDANSETRON ORAL<br>TABLET,DISINTEGRATING 16 MG                                                                                                                                                                                          | FE        |                       | ondansetron odt                                                                                            |
| ondansetron oral tablet,disintegrating 4<br>mg, 8 mg                                                                                                                                                                                     | PG        | QL                    |                                                                                                            |
| onelax magnesium citrate oral solution                                                                                                                                                                                                   | PG        | ACA                   |                                                                                                            |
| oral saline laxative oral liquid 7.2-2.7<br>gram/15 ml                                                                                                                                                                                   | PG        | ACA                   |                                                                                                            |
| PANCREAZE ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,500-35,500-<br>61,500 UNIT, 16,800-56,800- 98,400<br>UNIT, 2,600-8,800- 15,200 UNIT,<br>21,000-54,700- 83,900 UNIT, 37,000-<br>97,300- 149,900 UNIT, 4,200-14,200-<br>24,600 UNIT | PB        |                       |                                                                                                            |
| peg 3350-electrolytes oral recon soln<br>236-22.74-6.74 -5.86 gram                                                                                                                                                                       | PG        | ACA                   |                                                                                                            |
| peg3350-sod sul-nacl-kcl-asb-c oral<br>powder in packet 100-7.5-2.691 gram                                                                                                                                                               | PG        | ACA                   |                                                                                                            |
| peg-electrolyte soln oral recon soln 420<br>gram                                                                                                                                                                                         | PG        | ACA                   |                                                                                                            |

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

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

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

| Drug Name                                                                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                               |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------|
| RECTIV RECTAL OINTMENT 0.4 %<br>(W/W)                                                                | PB        |                       |                                                                      |
| REGLAN ORAL TABLET 10 MG, 5<br>MG                                                                    | NPB       |                       | metoclopramide hcl                                                   |
| RELISTOR ORAL TABLET 150 MG                                                                          | FE        |                       | lubiprostone, MOVANTIK,<br>SYMPROIC                                  |
| RELISTOR SUBCUTANEOUS<br>SOLUTION 12 MG/0.6 ML                                                       | PB        | ST                    |                                                                      |
| RELISTOR SUBCUTANEOUS<br>SYRINGE 12 MG/0.6 ML, 8 MG/0.4<br>ML                                        | PB        | ST                    |                                                                      |
| RELTONE ORAL CAPSULE 200 MG,<br>400 MG                                                               | FE        |                       | ursodiol                                                             |
| REMICADE INTRAVENOUS RECON<br>SOLN 100 MG                                                            | FE        |                       | AVSOLA, INFLIXIMAB                                                   |
| RENFLEXIS INTRAVENOUS RECON<br>SOLN 100 MG                                                           | FE        |                       | AVSOLA, INFLIXIMAB                                                   |
| ROWASA RECTAL ENEMA KIT 4<br>GRAM/60 ML                                                              | NPB       |                       | mesalamine                                                           |
| SANCUSO TRANSDERMAL PATCH<br>WEEKLY 3.1 MG/24 HOUR                                                   | NPB       | QL                    | granisetron hcl, ondansetron<br>hcl                                  |
| scopolamine base transdermal patch 3<br>day 1 mg over 3 days                                         | PG        |                       |                                                                      |
| SKYRIZI INTRAVENOUS<br>SOLUTION 60 MG/ML                                                             | PS        | PA; LA                |                                                                      |
| SKYRIZI SUBCUTANEOUS<br>WEARABLE INJECTOR 180 MG/1.2<br>ML (150 MG/ML), 360 MG/2.4 ML<br>(150 MG/ML) | PS        | PA; QL; LA            |                                                                      |
| smoothlax oral powder 17 gram/dose                                                                   | PG        | ACA                   |                                                                      |
| sodium,potassium,mag sulfates oral<br>recon soln 17.5-3.13-1.6 gram                                  | PG        | ACA                   |                                                                      |
| SUCRAID ORAL SOLUTION 8,500<br>UNIT/ML                                                               | PS        | PA                    |                                                                      |
| SUFLAVE ORAL RECON SOLN<br>178.7-7.3-0.5 GRAM                                                        | FE        |                       | peg3350-sod sul-nacl-kcl-asb-<br>c, sod sulf-potass sulf-mag<br>sulf |
| sulfasalazine 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.

| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>               |
|---------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------|
| 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                                 |
| 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<br>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 1 X 10EXP6 TO 3 X 10EXP7 CELL                          | NPS              |                              |                                                               |
| women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg   | PG               | ACA                          |                                                               |

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

| Drug Name                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------|
| ZENPEP ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,000-32,000 -<br>42,000 UNIT, 15,000-47,000 -63,000<br>UNIT, 20,000-63,000- 84,000 UNIT,<br>25,000-79,000- 105,000 UNIT, 3,000-<br>10,000 -14,000-UNIT, 40,000-126,000-<br>168,000 UNIT, 5,000-17,000- 24,000<br>UNIT, 60,000-189,600- 252,600 UNIT | PB        |                       |                                                                                                    |
| ZYMFENTRA SUBCUTANEOUS PEN<br>INJECTOR KIT 120 MG/ML                                                                                                                                                                                                                                                | PS        | PA; QL; LA            |                                                                                                    |
| ZYMFENTRA SUBCUTANEOUS<br>SYRINGE KIT 120 MG/ML                                                                                                                                                                                                                                                     | PS        | PA; QL; LA            |                                                                                                    |
| <b>ULCER THERAPY</b>                                                                                                                                                                                                                                                                                |           |                       |                                                                                                    |
| ACIPHEX ORAL TABLET,DELAYED<br>RELEASE (DR/EC) 20 MG                                                                                                                                                                                                                                                | FE        |                       | rabeprazole sodium                                                                                 |
| amoxicil-clarithromy-lansopraz oral<br>combo pack 500-500-30 mg                                                                                                                                                                                                                                     | PG        | QL                    |                                                                                                    |
| bismuth subcit k-metronidz-ten oral<br>capsule 140-125-125 mg                                                                                                                                                                                                                                       | PG        |                       |                                                                                                    |
| CARAFATE ORAL TABLET 1 GRAM                                                                                                                                                                                                                                                                         | FE        |                       | sucralfate                                                                                         |
| cimetidine hcl oral solution 300 mg/5 ml                                                                                                                                                                                                                                                            | PG        |                       |                                                                                                    |
| cimetidine oral tablet 300 mg, 400 mg,<br>800 mg                                                                                                                                                                                                                                                    | PG        |                       |                                                                                                    |
| CYTOTEC ORAL TABLET 100 MCG,<br>200 MCG                                                                                                                                                                                                                                                             | NPB       |                       | misoprostol                                                                                        |
| DEXILANT ORAL<br>CAPSULE,BIPHASE DELAYED<br>RELEAS 30 MG, 60 MG                                                                                                                                                                                                                                     | FE        |                       | esomeprazole magnesium,<br>lansoprazole, omeprazole,<br>pantoprazole sodium,<br>rabeprazole sodium |
| dexlansoprazole oral capsule,biphase<br>delayed releas 30 mg, 60 mg                                                                                                                                                                                                                                 | FE        |                       | esomeprazole magnesium,<br>lansoprazole, omeprazole,<br>pantoprazole sodium,<br>rabeprazole sodium |
| esomeprazole magnesium oral<br>capsule,delayed release(dr/ec) 40 mg                                                                                                                                                                                                                                 | PG        |                       |                                                                                                    |
| esomeprazole magnesium oral granules<br>dr for susp in packet 10 mg, 2.5 mg, 20<br>mg, 5 mg                                                                                                                                                                                                         | PG        | ST; QL                |                                                                                                    |

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

| Drug Name                                                                                    | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                             |
|----------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------|
| esomeprazole magnesium oral granules<br>dr for susp in packet 40 mg                          | PG        | ST                    |                                                                                                    |
| famotidine oral suspension for<br>reconstitution 40 mg/5 ml (8 mg/ml)                        | PG        |                       |                                                                                                    |
| famotidine oral tablet 40 mg                                                                 | PG        |                       |                                                                                                    |
| KONVOMEPE ORAL SUSPENSION<br>FOR RECONSTITUTION 2-84 MG/ML                                   | FE        |                       | esomeprazole magnesium,<br>lansoprazole, omeprazole,<br>pantoprazole sodium,<br>rabeprazole sodium |
| lansoprazole oral capsule, delayed<br>release(dr/ec) 30 mg                                   | PG        |                       |                                                                                                    |
| lansoprazole oral tablet, disintegrat, delay<br>rel 15 mg                                    | PG        | ST; QL                |                                                                                                    |
| lansoprazole oral tablet, disintegrat, delay<br>rel 30 mg                                    | PG        | ST                    |                                                                                                    |
| misoprostol oral tablet 100 mcg, 200<br>mcg                                                  | PG        |                       |                                                                                                    |
| NEXIUM ORAL<br>CAPSULE, DELAYED<br>RELEASE(DR/EC) 20 MG, 40 MG                               | FE        |                       | esomeprazole magnesium                                                                             |
| NEXIUM PACKET ORAL<br>GRANULES DR FOR SUSP IN<br>PACKET 10 MG, 2.5 MG, 20 MG, 40<br>MG, 5 MG | FE        |                       | esomeprazole magnesium                                                                             |
| nizatidine oral capsule 150 mg, 300 mg                                                       | PG        |                       |                                                                                                    |
| OMECLAMOXY-PAK ORAL COMBO<br>PACK 20 MG-500 MG- 500 MG (40)                                  | NPB       | QL                    | bismuth-metronidazole-<br>tetracyc, lansoprazol-<br>amoxicil-clarithro, TALICIA                    |
| omeprazole oral capsule, delayed<br>release(dr/ec) 10 mg, 20 mg                              | PG        | QL                    |                                                                                                    |
| omeprazole oral capsule, delayed<br>release(dr/ec) 40 mg                                     | PG        |                       |                                                                                                    |
| omeprazole-sodium bicarbonate oral<br>capsule 40-1.1 mg-gram                                 | PB        | PA                    |                                                                                                    |
| omeprazole-sodium bicarbonate oral<br>packet 20-1,680 mg                                     | PB        | PA; QL                |                                                                                                    |
| omeprazole-sodium bicarbonate oral<br>packet 40-1,680 mg                                     | 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<br>PREFERRED<br>ALTERNATIVES                                                    |
|-------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------|
| pantoprazole oral granules dr for susp in packet 40 mg            | PG        | ST                    |                                                                                           |
| pantoprazole oral tablet, delayed release (dr/ec) 20 mg           | PG        | QL                    |                                                                                           |
| pantoprazole oral tablet, delayed release (dr/ec) 40 mg           | PG        |                       |                                                                                           |
| PEPCID ORAL TABLET 40 MG                                          | NPB       |                       | famotidine                                                                                |
| PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG              | FE        |                       | 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        |                       |                                                                                           |
| ranitidine hcl oral tablet 300 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                   |

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

| Drug Name                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                             |
|------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------|
| VOQUEZNA ORAL TABLET 10 MG,<br>20 MG                 | NPB       | ST                    | esomeprazole magnesium,<br>lansoprazole, omeprazole,<br>pantoprazole sodium,<br>rabeprazole sodium |
| VOQUEZNA TRIPLE PAK ORAL<br>COMBO PACK 20-500-500 MG | NPB       |                       | bismuth-metronidazole-<br>tetracyc, lansoprazol-<br>amoxicil-clarithro, TALICIA                    |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|                                                                                                                                                                                                   |     |            |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|---------------------|
| APHEXDA SUBCUTANEOUS<br>RECON SOLN 62 MG                                                                                                                                                          | FE  |            | plerixafor          |
| ARANESP (IN POLYSORBATE)<br>INJECTION SOLUTION 100<br>MCG/ML, 200 MCG/ML, 25 MCG/ML,<br>40 MCG/ML, 60 MCG/ML                                                                                      | FE  |            | PROCRIT, RETACRIT   |
| ARANESP (IN POLYSORBATE)<br>INJECTION SYRINGE 10 MCG/0.4<br>ML, 100 MCG/0.5 ML, 150 MCG/0.3<br>ML, 200 MCG/0.4 ML, 25 MCG/0.42<br>ML, 300 MCG/0.6 ML, 40 MCG/0.4<br>ML, 500 MCG/ML, 60 MCG/0.3 ML | FE  |            | PROCRIT, RETACRIT   |
| ARCALYST SUBCUTANEOUS<br>RECON SOLN 220 MG                                                                                                                                                        | NPS | PA; QL     | ILARIS              |
| EPOGEN INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML                                                                  | FE  |            | PROCRIT, RETACRIT   |
| FULPHILA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                                                                                      | PS  | PA; QL; LA |                     |
| FYLNETRA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                                                                                      | FE  |            | FULPHILA, ZIEXTENZO |
| GRANIX SUBCUTANEOUS<br>SOLUTION 300 MCG/ML                                                                                                                                                        | FE  |            | NIVESTYM            |
| GRANIX SUBCUTANEOUS<br>SYRINGE 300 MCG/0.5 ML, 480<br>MCG/0.8 ML                                                                                                                                  | FE  |            | NIVESTYM            |
| ILARIS (PF) SUBCUTANEOUS<br>SOLUTION 150 MG/ML                                                                                                                                                    | PS  | PA; QL; LA |                     |

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



| <b>Drug Name</b>                                                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                               |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)                                                                                    | NPS              | LA                           | plerixafor                                      |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML                                                                    | FE               |                              | FULPHILA, ZIEXTENZO                             |
| NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 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               | 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                       |                                                 |

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

| Drug Name                                                                                                                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| REBLOZYL SUBCUTANEOUS<br>RECON SOLN 25 MG, 75 MG                                                                                                      | NPS       |                       |                                        |
| RELEUKO SUBCUTANEOUS<br>SYRINGE 300 MCG/0.5 ML, 480<br>MCG/0.8 ML                                                                                     | FE        |                       | NIVESTYM                               |
| RETACRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML,<br>40,000 UNIT/ML | PS        | PA; LA                |                                        |
| ROLVEDON SUBCUTANEOUS<br>SYRINGE 13.2 MG/0.6 ML                                                                                                       | FE        |                       | FULPHILA, ZIEXTENZO                    |
| RYZNEUTA SUBCUTANEOUS<br>SYRINGE 20 MG/ML                                                                                                             | FE        |                       | FULPHILA, ZIEXTENZO                    |
| STIMUFEND SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                                         | FE        |                       | FULPHILA, ZIEXTENZO                    |
| UDENYCA AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>6 MG/0.6 ML                                                                                     | FE        |                       | FULPHILA, ZIEXTENZO                    |
| UDENYCA ONBODY<br>SUBCUTANEOUS SYRINGE, W/<br>WEARABLE INJECTOR 6 MG/0.6 ML                                                                           | FE        |                       | FULPHILA, ZIEXTENZO                    |
| UDENYCA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                                           | FE        |                       | FULPHILA, ZIEXTENZO                    |
| XOLREMDI ORAL CAPSULE 100<br>MG                                                                                                                       | NPS       | PA                    |                                        |
| ZARXIO INJECTION SYRINGE 300<br>MCG/0.5 ML, 480 MCG/0.8 ML                                                                                            | FE        |                       | NIVESTYM                               |
| ZIEXTENZO SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                                         | PS        | PA; QL; LA            |                                        |
| ZYNTÉGLO INTRAVENOUS<br>SUSPENSION 2 X TO 20 X 10EXP6<br>CELL/ML                                                                                      | PS        | PA                    |                                        |
| <b>GROWTH HORMONES</b>                                                                                                                                |           |                       |                                        |
| EGRIFTA SV SUBCUTANEOUS<br>RECON SOLN 2 MG                                                                                                            | PS        | PA; LA                |                                        |
| EGRIFTA WR SUBCUTANEOUS KIT<br>11.6 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<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| GENOTROPIN MINIQWICK<br>SUBCUTANEOUS SYRINGE 0.2<br>MG/0.25 ML, 0.4 MG/0.25 ML, 0.6<br>MG/0.25 ML, 0.8 MG/0.25 ML, 1<br>MG/0.25 ML, 1.2 MG/0.25 ML, 1.4<br>MG/0.25 ML, 1.6 MG/0.25 ML, 1.8<br>MG/0.25 ML, 2 MG/0.25 ML | PS        | PA; LA                |                                        |
| GENOTROPIN SUBCUTANEOUS<br>CARTRIDGE 12 MG/ML (36<br>UNIT/ML), 5 MG/ML (15 UNIT/ML)                                                                                                                                    | PS        | PA; LA                |                                        |
| HUMATROPE INJECTION<br>CARTRIDGE 12 MG (36 UNIT), 24<br>MG (72 UNIT), 6 MG (18 UNIT)                                                                                                                                   | FE        |                       | GENOTROPIN,<br>OMNITROPE               |
| NGENLA SUBCUTANEOUS PEN<br>INJECTOR 24 MG/1.2 ML (20<br>MG/ML), 60 MG/1.2 ML (50 MG/ML)                                                                                                                                | PS        | PA; LA                |                                        |
| NORDITROPIN FLEXPOR<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/1.5 ML (6.7 MG/ML), 15 MG/1.5<br>ML (10 MG/ML), 5 MG/1.5 ML (3.3<br>MG/ML)                                                                                   | FE        |                       | GENOTROPIN,<br>OMNITROPE               |
| OMNITROPE SUBCUTANEOUS<br>CARTRIDGE 10 MG/1.5 ML (6.7<br>MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                                                                                               | PS        | PA; LA                |                                        |
| OMNITROPE SUBCUTANEOUS<br>RECON SOLN 5.8 MG                                                                                                                                                                            | PS        | PA; LA                |                                        |
| SEROSTIM SUBCUTANEOUS<br>RECON SOLN 4 MG, 5 MG, 6 MG                                                                                                                                                                   | PS        | PA; LA                |                                        |
| SKYTROFA SUBCUTANEOUS<br>CARTRIDGE 0.7 MG, 1.4 MG, 1.8<br>MG, 11 MG, 13.3 MG, 2.1 MG, 2.5<br>MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG,<br>6.3 MG, 7.6 MG, 9.1 MG                                                               | FE        |                       | GENOTROPIN,<br>OMNITROPE, NGENLA       |
| SOGROYA SUBCUTANEOUS PEN<br>INJECTOR 10 MG/1.5 ML (6.7<br>MG/ML), 15 MG/1.5 ML (10 MG/ML),<br>5 MG/1.5 ML (3.3 MG/ML)                                                                                                  | FE        |                       | GENOTROPIN,<br>OMNITROPE, NGENLA       |
| ZOMACTON SUBCUTANEOUS<br>RECON SOLN 10 MG, 5 MG                                                                                                                                                                        | FE        |                       | GENOTROPIN,<br>OMNITROPE               |
| <b>INTERFERONS</b>                                                                                                                                                                                                     |           |                       |                                        |

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

| Drug Name                                                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                    |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|
| ACTIMMUNE SUBCUTANEOUS<br>SOLUTION 100 MCG/0.5 ML                                                | PS        | PA; LA                |                                                                           |
| ALFERON N INJECTION SOLUTION<br>5 MILLION UNIT/ML                                                | PB        |                       |                                                                           |
| BESREMI SUBCUTANEOUS<br>SYRINGE 500 MCG/ML                                                       | FE        |                       | hydroxyurea                                                               |
| PEGASYS SUBCUTANEOUS<br>SOLUTION 180 MCG/ML                                                      | PS        | QL; LA                |                                                                           |
| PEGASYS SUBCUTANEOUS<br>SYRINGE 180 MCG/0.5 ML                                                   | PS        | QL; LA                |                                                                           |
| <b>VACCINES &amp;<br/>MISCELLANEOUS<br/>IMMUNOLOGICALS</b>                                       |           |                       |                                                                           |
| ABRYSVO (PF) INTRAMUSCULAR<br>RECON SOLN 120 MCG/0.5 ML                                          | PB        | ACA                   |                                                                           |
| ACTHIB (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                            | PB        | ACA                   |                                                                           |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | PB        | ACA                   |                                                                           |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML   | PB        | ACA                   |                                                                           |
| AFLURIA 2025-2026 (3YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML            | PB        | ACA                   |                                                                           |
| AFLURIA 2025-2026 (6MO UP)<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML             | PB        | ACA                   |                                                                           |
| ALYGLO INTRAVENOUS<br>SOLUTION 10 %                                                              | NPS       | PA; LA                | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 120 MCG/0.5 ML                     | PB        | ACA                   |                                                                           |

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

| <b>Drug Name</b>                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                            |
|-------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------------------|
| ASCENIV INTRAVENOUS<br>SOLUTION 10 %                                          | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C                                  |
| AUDENZ (NATIONAL STOCKPILE)<br>INTRAMUSCULAR EMULSION 7.5<br>MCG/0.5 ML       | PB               |                              |                                                                                                            |
| BCG VACCINE, LIVE (PF)<br>PERCUTANEOUS SUSPENSION FOR<br>RECONSTITUTION 50 MG | PB               |                              |                                                                                                            |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5 ML                       | PB               | ACA                          |                                                                                                            |
| BIOTHRAX INTRAMUSCULAR<br>SUSPENSION 0.5 ML/DOSE                              | PB               |                              |                                                                                                            |
| BIVIGAM INTRAVENOUS<br>SOLUTION 10 %                                          | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C                                  |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-8-5<br>LF-MCG-LF/0.5ML             | PB               | ACA                          |                                                                                                            |
| BOTOX INJECTION RECON SOLN<br>100 UNIT, 200 UNIT                              | FE               |                              | AIMOVIG<br>AUTOINJECTOR, AJOVY<br>AUTOINJECTOR,<br>EMGALITY, QULIPTA,<br>DYSPORT, MYOBLOC,<br>BROMI-LOTION |
| CAPVAXIVE INTRAMUSCULAR<br>SYRINGE 0.5 ML                                     | PB               | ACA                          |                                                                                                            |
| COMIRNATY 2025-2026(5-11Y)(PF)<br>INTRAMUSCULAR SUSPENSION 10<br>MCG/0.3 ML   | PB               | ACA                          |                                                                                                            |
| COMIRNATY 2025-26 (12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 30<br>MCG/0.3 ML      | PB               | ACA                          |                                                                                                            |
| CUTAQUIG SUBCUTANEOUS<br>SOLUTION 16.5 %                                      | FE               |                              | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMUNEX-C,<br>XEMBIFY                                        |

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

| Drug Name                                                                                                                                         | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|
| CUVITRU SUBCUTANEOUS<br>SOLUTION 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %), 8<br>GRAM/40 ML (20 %) | NPS       | PA; LA                | XEMBIFY                                                                   |
| CYTOGAM INTRAVENOUS<br>SOLUTION 50 MG/ML                                                                                                          | PS        | PA; LA                |                                                                           |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION 15-<br>10-5 LF-MCG-LF/0.5ML                                                            | PB        | ACA                   |                                                                           |
| DAXXIFY INTRAMUSCULAR<br>RECON SOLN 100 UNIT                                                                                                      | FE        |                       | DYSPORE, MYOBLOC                                                          |
| DENGAXIA (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP4.5-6<br>CCID50/0.5 ML                                                        | PB        |                       |                                                                           |
| DYSPORE INTRAMUSCULAR<br>RECON SOLN 300 UNIT, 500 UNIT                                                                                            | PS        | PA; LA                |                                                                           |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                                                                              | PB        | ACA                   |                                                                           |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML                                                                                                 | PB        | ACA                   |                                                                           |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                                                                                | PB        | ACA                   |                                                                           |
| FLEBOGAMMA DIF INTRAVENOUS<br>SOLUTION 10 %, 5 %                                                                                                  | NPS       | PA                    | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| FLUAD 2025-2026 (65 YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML                                                             | PB        | ACA                   |                                                                           |
| FLUARIX 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML                                                                     | PB        | ACA                   |                                                                           |
| FLUBLOK 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 135<br>MCG (45 MCG X 3)/0.5 ML                                                                    | PB        | ACA                   |                                                                           |

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

| Drug Name                                                                                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------|
| FLUCELVAX 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML                                             | PB        | ACA                   |                                                                                    |
| FLUCELVAX 2025-2026<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML                                               | PB        | ACA                   |                                                                                    |
| FLULAVAL 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML                                              | PB        | ACA                   |                                                                                    |
| FLUMIST 2025-2026 NASAL NASAL<br>SPRAY SYRINGE 10EXP6.5-7.5 FF<br>UNIT/0.2 ML                                               | PB        | ACA                   |                                                                                    |
| FLUMIST HOME 2025-2026 NASAL<br>(HOME ADMIN) NASAL SPRAY<br>SYRINGE 10EXP6.5-7.5 FF UNIT/0.2<br>ML                          | PB        | ACA                   |                                                                                    |
| FLUZONE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML                                               | PB        | ACA                   |                                                                                    |
| FLUZONE 2025-2026<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML                                                 | PB        | ACA                   |                                                                                    |
| FLUZONE HIGH-DOSE 2025-26 (PF)<br>INTRAMUSCULAR SYRINGE 180<br>MCG/0.5 ML                                                   | PB        | ACA                   |                                                                                    |
| GAMASTAN INTRAMUSCULAR<br>SOLUTION 15-18 % RANGE                                                                            | PS        |                       |                                                                                    |
| GAMMAGARD LIQUID ERC<br>INJECTION SOLUTION 10 %                                                                             | PS        | LA                    |                                                                                    |
| GAMMAGARD LIQUID INJECTION<br>SOLUTION 10 %                                                                                 | PS        | PA; LA                |                                                                                    |
| GAMMAGARD S-D (IGA < 1<br>MCG/ML) INTRAVENOUS RECON<br>SOLN 10 GRAM, 5 GRAM                                                 | PS        | PA; LA                |                                                                                    |
| GAMMAKED INJECTION<br>SOLUTION 1 GRAM/10 ML (10 %), 10<br>GRAM/100 ML (10 %), 20 GRAM/200<br>ML (10 %), 5 GRAM/50 ML (10 %) | FE        |                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C, XEMBIFY |

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

| <b>Drug Name</b>                                                                                                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------|
| GAMMAPLEX (WITH SORBITOL)<br>INTRAVENOUS SOLUTION 5 %                                                                                                                            | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %                                                                                                                                           | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| GAMUNEX-C INJECTION<br>SOLUTION 1 GRAM/10 ML (10 %), 10<br>GRAM/100 ML (10 %), 2.5 GRAM/25<br>ML (10 %), 20 GRAM/200 ML (10 %),<br>40 GRAM/400 ML (10 %), 5 GRAM/50<br>ML (10 %) | PS               | PA; LA                       |                                                                           |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION 0.5<br>ML                                                                                                                            | PB               | ACA                          |                                                                           |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML                                                                                                                                  | PB               | ACA                          |                                                                           |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML, 720<br>ELISA UNIT/0.5 ML                                                                                               | PB               | ACA                          |                                                                           |
| HEPLISAV-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/0.5 ML                                                                                                                        | PB               | ACA                          |                                                                           |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                                                                                                           | PB               | ACA                          |                                                                           |
| HIZENTRA SUBCUTANEOUS<br>SOLUTION 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %)                                                       | NPS              | PA; LA                       | XEMBIFY                                                                   |
| HIZENTRA SUBCUTANEOUS<br>SYRINGE 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %)                                                        | NPS              | PA; LA                       | XEMBIFY                                                                   |
| HYQVIA SUBCUTANEOUS<br>SOLUTION 10 GRAM /100 ML (10 %),<br>2.5 GRAM /25 ML (10 %), 20 GRAM<br>/200 ML (10 %), 30 GRAM /300 ML<br>(10 %), 5 GRAM /50 ML (10 %)                    | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMUNEX-C,<br>XEMBIFY       |

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



| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN<br>2.5 UNIT                      | PB               |                              |                                                 |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-58-<br>10 LF-MCG-LF/0.5ML              | PB               | ACA                          |                                                 |
| IPOL INJECTION SUSPENSION 40-8-<br>32 UNIT/0.5 ML                                       | PB               | ACA                          |                                                 |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML                                       | PB               |                              |                                                 |
| JYNNEOS (PF) SUBCUTANEOUS<br>SUSPENSION 0.5X TO 3.95X 10EXP8<br>UNIT/0.5                | PB               | ACA                          |                                                 |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5<br>ML                       | PB               | ACA                          |                                                 |
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION 10<br>MCG/0.5 ML                               | PB               | ACA                          |                                                 |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5<br>MCG/0.5 ML                     | PB               | ACA                          |                                                 |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR SOLUTION 10-5<br>MCG/0.5 ML                | PB               | ACA                          |                                                 |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500<br>TCID50/0.5 ML                  | PB               | ACA                          |                                                 |
| MNEXSPIKE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.2 ML                      | PB               | ACA                          |                                                 |
| MRESVIA (PF) INTRAMUSCULAR<br>SYRINGE 50 MCG/0.5 ML                                     | PB               | ACA                          |                                                 |
| MYOBLOC INTRAMUSCULAR<br>SOLUTION 10,000 UNIT/2 ML, 2,500<br>UNIT/0.5 ML, 5,000 UNIT/ML | PS               | PA; LA                       |                                                 |
| NUVAXOVID 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 5<br>MCG/0.5 ML                       | PB               | ACA                          |                                                 |

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

| Drug Name                                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                    |
|----------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|
| OCTAGAM INTRAVENOUS<br>SOLUTION 10 %, 5 %                                        | NPS       | PA; LA                | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| ORALAIR SUBLINGUAL TABLET<br>300 INDX REACTIVITY                                 | PS        | PA                    |                                                                           |
| PALFORZIA (LEVEL 0) ORAL<br>CAPSULE, SPRINKLE 1 MG                               | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 1) ORAL<br>CAPSULE, SPRINKLE 3 MG (1 MG X<br>3)                 | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 2) ORAL<br>CAPSULE, SPRINKLE 6 MG (1 MG X<br>6)                 | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 3) ORAL<br>CAPSULE, SPRINKLE 12 MG (1 MG<br>X 2, 10 MG X 1)     | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 4) ORAL<br>CAPSULE, SPRINKLE 20 MG                              | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 5) ORAL<br>CAPSULE, SPRINKLE 40 MG (20 MG<br>X 2)               | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 6) ORAL<br>CAPSULE, SPRINKLE 80 MG (20 MG<br>X 4)               | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 7) ORAL<br>CAPSULE, SPRINKLE 120 MG (20<br>MG X 1, 100 MG X 1)  | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 8) ORAL<br>CAPSULE, SPRINKLE 160 MG (20<br>MG X 3, 100 MG X1)   | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 9) ORAL<br>CAPSULE, SPRINKLE 200 MG (100<br>MG X 2)             | FE        |                       |                                                                           |
| PALFORZIA (LEVEL 10) ORAL<br>CAPSULE, SPRINKLE 240 MG (20<br>MG X 2, 100 MG X 2) | 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.

| <b>Drug Name</b>                                                                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                           |
|------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------|
| PALFORZIA INITIAL (1-3 YRS)<br>ORAL CAPSULE, SPRINKLE<br>0.5/1/1.5/3 MG                        | FE               |                              |                                                                           |
| PALFORZIA INITIAL (4-17 YRS)<br>ORAL CAPSULE, SPRINKLE<br>0.5/1/1.5/3/6 MG                     | FE               |                              |                                                                           |
| PALFORZIA LEVEL 11<br>MAINTENANCE ORAL POWDER IN<br>PACKET 300 MG                              | FE               |                              |                                                                           |
| PANZYGA INTRAVENOUS<br>SOLUTION 10 %                                                           | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| PAPZIMEOS SUBCUTANEOUS<br>SUSPENSION 5 X 10EXP11 PU/ML                                         | NPS              | PA                           |                                                                           |
| PEDIARIX (PF) INTRAMUSCULAR<br>SYRINGE 10 MCG-25LF-25 MCG-<br>10LF/0.5 ML                      | PB               | ACA                          |                                                                           |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION 7.5<br>MCG/0.5 ML                                    | PB               | ACA                          |                                                                           |
| PENBRAYA (PF) INTRAMUSCULAR<br>KIT 5-120 MCG/0.5 ML                                            | PB               | ACA                          |                                                                           |
| PENMENVY MEN A-B-C-W-Y (PF)<br>INTRAMUSCULAR KIT 0.5 ML                                        | PB               | ACA                          |                                                                           |
| PENTACEL (PF) INTRAMUSCULAR<br>KIT 15LF-20MCG-5LF- 62 DU/0.5 ML                                | PB               | ACA                          |                                                                           |
| PNEUMOVAX-23 INJECTION<br>SYRINGE 25 MCG/0.5 ML                                                | PB               | ACA                          |                                                                           |
| PREVNAR 20 (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML                                                | PB               | ACA                          |                                                                           |
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3.4-4.2-<br>3.3CCID50/0.5ML | PB               | ACA                          |                                                                           |
| PRIVIGEN INTRAVENOUS<br>SOLUTION 10 %                                                          | NPS              | PA; LA                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |

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

| <b>Drug Name</b>                                                                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                           |
|------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------|
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-4.3-3-<br>3.99 TCID50/0.5 | PB               | ACA                          |                                                                           |
| QIVIGY INTRAVENOUS SOLUTION<br>10 %                                                            | FE               |                              | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |
| QUADRACEL (PF)<br>INTRAMUSCULAR SUSPENSION 15<br>LF-48 MCG- 5 LF UNIT/0.5ML                    | PB               | ACA                          |                                                                           |
| QUADRACEL (PF)<br>INTRAMUSCULAR SYRINGE 15 LF-<br>48 MCG- 5 LF UNIT/0.5ML                      | PB               | ACA                          |                                                                           |
| RABAVERT (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 2.5 UNIT                       | PB               |                              |                                                                           |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION 10<br>MCG/ML, 40 MCG/ML, 5 MCG/0.5<br>ML        | PB               | ACA                          |                                                                           |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML                         | PB               | ACA                          |                                                                           |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML                                               | PB               | ACA                          |                                                                           |
| ROTATEQ VACCINE ORAL<br>SOLUTION 2 ML                                                          | PB               | ACA                          |                                                                           |
| SHINGRIX (PF) INTRAMUSCULAR<br>SYRINGE 50 MCG/0.5 ML                                           | PB               | ACA                          |                                                                           |
| SPIKEVAX 2025-2026(12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML                       | PB               | ACA                          |                                                                           |
| SPIKEVAX 2025-26 (6M-11Y) (PF)<br>INTRAMUSCULAR SYRINGE 25<br>MCG/0.25 ML                      | PB               | ACA                          |                                                                           |
| STAMARIL (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,000 UNIT/0.5<br>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.

| <b>Drug Name</b>                                                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML                     | PB               | ACA                          |                                                 |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                                   | PB               | ACA                          |                                                 |
| THYMOGLOBULIN INTRAVENOUS<br>RECON SOLN 25 MG                                              | PB               |                              |                                                 |
| TICE BCG INTRAVESICAL<br>SUSPENSION FOR<br>RECONSTITUTION 50 MG                            | PB               |                              |                                                 |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 1.2 MCG/0.25 ML, 2.4<br>MCG/0.5 ML                        | PB               |                              |                                                 |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                           | PB               | ACA                          |                                                 |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT- 20<br>MCG/ML                         | PB               | ACA                          |                                                 |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                          | PB               |                              |                                                 |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE 25 MCG/0.5 ML                                           | PB               |                              |                                                 |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML, 50<br>UNIT/ML                       | PB               | ACA                          |                                                 |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML, 50<br>UNIT/ML                          | PB               | ACA                          |                                                 |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350 UNIT/0.5<br>ML         | PB               | ACA                          |                                                 |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR<br>RECONSTITUTION 4X10EXP8 TO 2X<br>10EXP9 CF UNIT | PB               |                              |                                                 |
| VAXELIS (PF) INTRAMUSCULAR<br>SYRINGE 15 UNIT-5 UNIT- 10<br>MCG/0.5 ML                     | PB               | ACA                          |                                                 |

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

| Drug Name                                                                                                                 | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                    |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|
| VAXNEUVANCE (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML                                                                          | PB        | ACA                   |                                                                           |
| VIMKUNYA INTRAMUSCULAR<br>SYRINGE 40 MCG/0.8 ML                                                                           | PB        |                       |                                                                           |
| VIVOTIF ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 2 BILLION UNIT                                                          | PB        |                       |                                                                           |
| XEMBIFY SUBCUTANEOUS<br>SOLUTION 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %) | PS        | PA; LA                |                                                                           |
| XEOMIN INTRAMUSCULAR RECON<br>SOLN 100 UNIT, 200 UNIT, 50 UNIT                                                            | FE        |                       | DYSPORE, MYOBLOC                                                          |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML                                    | PB        |                       |                                                                           |
| YIMMUGO INTRAVENOUS<br>SOLUTION 10 %                                                                                      | FE        |                       | GAMMAGARD LIQUID,<br>GAMMAGARD LIQUID<br>ERC, GAMMAGARD S-D,<br>GAMUNEX-C |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                                       |     |        |                      |
|-------------------------------------------------------|-----|--------|----------------------|
| allopurinol oral tablet 100 mg, 200 mg,<br>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<br>MG/5 ML                 | NPB |        | colchicine, MITIGARE |
| KRYSTEXXA INTRAVENOUS<br>SOLUTION 8 MG/50 ML, 8 MG/ML | PS  | PA; LA |                      |
| MITIGARE ORAL CAPSULE 0.6 MG                          | PB  | ST     |                      |
| probenecid 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<br>PREFERRED<br>ALTERNATIVES                                                        |
|-----------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------|
| 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                                                                                   |
| <b>OSTEOPOROSIS THERAPY</b>                                                 |           |                       |                                                                                               |
| 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                                                                         |
| BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML                                       | PS        | PA; QL; LA            |                                                                                               |
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG                                     | NPB       | ST; QL                | alendronate sodium                                                                            |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)               | NPS       | PA; QL                | teriparatide                                                                                  |
| BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML                                        | FE        |                       | BILDYOS, ENOBY                                                                                |
| CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML                                    | FE        |                       | BILDYOS, ENOBY                                                                                |
| ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML                                         | PS        | PA; QL                |                                                                                               |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) | FE        |                       | alendronate sodium, ibandronate sodium, teriparatide, zoledronic acid, BILDYOS, ENOBY, 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                                                                            |

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

| Drug Name                                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                        |
|-----------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| FOSAMAX PLUS D ORAL TABLET<br>70 MG- 2,800 UNIT, 70 MG- 5,600<br>UNIT | NPB       | ST; QL                | alendronate sodium                                                                                                            |
| ibandronate intravenous solution 3 mg/3<br>ml                         | PS        | PA; LA                |                                                                                                                               |
| ibandronate intravenous syringe 3 mg/3<br>ml                          | PS        | PA; LA                |                                                                                                                               |
| ibandronate oral tablet 150 mg                                        | PG        | QL                    |                                                                                                                               |
| JUBBONTI SUBCUTANEOUS<br>SYRINGE 60 MG/ML                             | FE        |                       | BILDYOS, ENOBY                                                                                                                |
| OSPOMYV SUBCUTANEOUS<br>SYRINGE 60 MG/ML                              | FE        |                       | BILDYOS, ENOBY                                                                                                                |
| PROLIA SUBCUTANEOUS SYRINGE<br>60 MG/ML                               | FE        |                       | BILDYOS, ENOBY                                                                                                                |
| raloxifene oral tablet 60 mg                                          | PG        |                       |                                                                                                                               |
| risedronate oral tablet 150 mg, 35 mg, 5<br>mg                        | PG        | QL                    |                                                                                                                               |
| risedronate oral tablet, delayed release<br>(dr/ec) 35 mg             | PG        | QL                    |                                                                                                                               |
| STOBOCLO SUBCUTANEOUS<br>SYRINGE 60 MG/ML                             | FE        |                       | BILDYOS, ENOBY                                                                                                                |
| teriparatide subcutaneous pen injector 20<br>mcg/dose (560mcg/2.24ml) | PS        | PA; QL; LA            |                                                                                                                               |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56<br>ML)     | PS        | PA; QL; LA            |                                                                                                                               |
| <b>OTHER RHEUMATOLOGICALS</b>                                         |           |                       |                                                                                                                               |
| ABRILADA(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.8 ML     | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |

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



| Drug Name                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                            |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| ABRILADA(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.4 ML, 40<br>MG/0.8 ML                                        | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                            |
| ACTEMRA ACTPEN<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                                                  | FE        |                       | TYENNE, ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT, ENBREL,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| ACTEMRA INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20 MG/ML),<br>80 MG/4 ML (20 MG/ML) | FE        |                       | AVTOZMA, TYENNE                                                                                                                                   |
| ACTEMRA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                                                 | FE        |                       | TYENNE, ADALIMUMAB-<br>ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT, ENBREL,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |
| ADALIMUMAB-AACF<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.8 ML                                              | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                     |
| ADALIMUMAB-AACF<br>SUBCUTANEOUS SYRINGE KIT 40<br>MG/0.8 ML                                                   | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                            |

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

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

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                                              |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| ADALIMUMAB-RYVK<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 80 MG/0.8 ML                                            | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADB(M)(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                     |
| ADALIMUMAB-RYVK<br>SUBCUTANEOUS SYRINGE KIT 40<br>MG/0.4 ML                                                   | PS        | PA; QL                |                                                                                                                                                     |
| AMJEVITA(CF) AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>40 MG/0.4 ML, 40 MG/0.8 ML, 80<br>MG/0.8 ML        | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADB(M)(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                     |
| AMJEVITA(CF) SUBCUTANEOUS<br>SYRINGE 10 MG/0.2 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML, 40 MG/0.8 ML                | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADB(M)(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                            |
| ARAVAL ORAL TABLET 10 MG, 20<br>MG                                                                            | NPB       | QL                    | leflunomide                                                                                                                                         |
| AURANOFIN ORAL CAPSULE 3 MG                                                                                   | PB        |                       |                                                                                                                                                     |
| AVTOZMA AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                                            | FE        |                       | TYENNE, ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADB(M)(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT, ENBREL,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| AVTOZMA INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20 MG/ML),<br>80 MG/4 ML (20 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<br>PREFERRED<br>ALTERNATIVES                                                                                                     |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| AVTOZMA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                                        | FE        |                       | TYENNE, ADALIMUMAB-<br>ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT, ENBREL,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| BENLYSTA INTRAVENOUS RECON<br>SOLN 120 MG, 400 MG                                                    | PS        | PA; LA                |                                                                                                                                            |
| BENLYSTA SUBCUTANEOUS<br>AUTO-INJECTOR 200 MG/ML                                                     | PS        | PA; QL; LA            |                                                                                                                                            |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML                                                           | PS        | PA; QL; LA            |                                                                                                                                            |
| CUPRIMINE ORAL CAPSULE 250<br>MG                                                                     | FE        |                       | penicillamine                                                                                                                              |
| CYLTEZO(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML, 40 MG/0.8 ML                       | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR              |
| CYLTEZO(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.2 ML, 20<br>MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8<br>ML | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR                     |
| DEPEN TITRATABS ORAL TABLET<br>250 MG                                                                | NPB       |                       | penicillamine                                                                                                                              |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                                | PS        | PA; QL; LA            |                                                                                                                                            |
| ENBREL SUBCUTANEOUS<br>SOLUTION 25 MG/0.5 ML                                                         | PS        | PA; QL; LA            |                                                                                                                                            |
| ENBREL SUBCUTANEOUS<br>SYRINGE 25 MG/0.5 ML (0.5), 50<br>MG/ML (1 ML)                                | PS        | PA; QL; LA            |                                                                                                                                            |

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

| Drug Name                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                        |
|---------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 50<br>MG/ML (1 ML)    | PS        | PA; QL; LA            |                                                                                                                               |
| HADLIMA PUSHTOUCH<br>SUBCUTANEOUS AUTO-INJECTOR<br>40 MG/0.8 ML     | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HADLIMA SUBCUTANEOUS<br>SYRINGE 40 MG/0.8 ML                        | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |
| HADLIMA(CF) PUSHTOUCH<br>SUBCUTANEOUS AUTO-INJECTOR<br>40 MG/0.4 ML | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HADLIMA(CF) SUBCUTANEOUS<br>SYRINGE 40 MG/0.4 ML                    | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |
| HULIO(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.8 ML         | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |

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

| Drug Name                                                                                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| HULIO(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.4 ML, 40<br>MG/0.8 ML                                                      | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |
| HUMIRA (ONLY NDCS STARTING<br>WITH 00074) SUBCUTANEOUS<br>SYRINGE KIT 40 MG/0.8 ML                                       | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HUMIRA PEN (ONLY NDCS<br>STARTING WITH 00074)<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.8 ML                           | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HUMIRA(CF) (ONLY NDCS<br>STARTING WITH 00074)<br>SUBCUTANEOUS SYRINGE KIT 10<br>MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4<br>ML | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HUMIRA(CF) PEN (ONLY NDCS<br>STARTING WITH 00074)<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML                       | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>(ONLY NDCS STARTING WITH<br>00074) SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML          | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |

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

| Drug Name                                                                                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| HUMIRA(CF) PEN PSOR-UV-ADOL<br>HS (ONLY NDCS STARTING WITH<br>00074) SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML-40<br>MG/0.4 ML | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HYRIMOZ PEN CROHN'S-UC<br>STARTER SUBCUTANEOUS PEN<br>INJECTOR 80 MG/0.8 ML                                                        | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HYRIMOZ PEN PSORIASIS<br>STARTER SUBCUTANEOUS PEN<br>INJECTOR 80MG/0.8ML(X1)- 40<br>MG/0.4ML(X2)                                   | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HYRIMOZ(CF) PEDI CROHN<br>STARTER SUBCUTANEOUS<br>SYRINGE 80 MG/0.8 ML, 80 MG/0.8<br>ML- 40 MG/0.4 ML                              | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |
| HYRIMOZ(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR 40<br>MG/0.4 ML, 80 MG/0.8 ML                                                         | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| HYRIMOZ(CF) SUBCUTANEOUS<br>SYRINGE 10 MG/0.1 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML                                                    | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |

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



| Drug Name                                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                             |
|------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------|
| KEVZARA SUBCUTANEOUS PEN<br>INJECTOR 150 MG/1.14 ML, 200<br>MG/1.14 ML | FE        |                       | AVSOLA, ENBREL,<br>INFLIXIMAB, RINVOQ,<br>TYENNE, XELJANZ,<br>XELJANZ XR                                           |
| KEVZARA SUBCUTANEOUS<br>SYRINGE 200 MG/1.14 ML                         | FE        |                       | AVSOLA, ENBREL,<br>INFLIXIMAB, RINVOQ,<br>TYENNE, XELJANZ,<br>XELJANZ XR                                           |
| KINERET SUBCUTANEOUS<br>SYRINGE 100 MG/0.67 ML                         | FE        |                       | AVSOLA, ENBREL,<br>INFLIXIMAB, RINVOQ,<br>TYENNE, XELJANZ,<br>XELJANZ XR                                           |
| LEFLUNICLO KIT,GEL AND<br>TABLET 20 MG- 1 %                            | FE        |                       |                                                                                                                    |
| leflunomide oral tablet 10 mg, 20 mg                                   | PG        | QL                    |                                                                                                                    |
| LEQSELVI ORAL TABLET 8 MG                                              | NPS       | PA; LA                | betamethasone dipropionate,<br>clobetasol propionate,<br>cyclosporine, fluocinonide,<br>methotrexate, prednisone   |
| milnacipran oral tablet 100 mg, 12.5 mg,<br>25 mg, 50 mg               | PG        | QL                    |                                                                                                                    |
| milnacipran oral tablets,dose pack 12.5<br>mg (5)-25 mg(8)-50 mg(42)   | PG        | QL                    |                                                                                                                    |
| OLUMIANT ORAL TABLET 1 MG, 2<br>MG                                     | FE        |                       | ENBREL, RINVOQ,<br>TYENNE, XELJANZ,<br>XELJANZ XR                                                                  |
| OLUMIANT ORAL TABLET 4 MG                                              | FE        |                       | betamethasone valerate,<br>clobetasol e, cyclosporine,<br>dexamethasone, fluocinonide,<br>methotrexate, prednisone |
| ORENCIA (WITH MALTOSE)<br>INTRAVENOUS RECON SOLN 250<br>MG             | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA                                                 |
| ORENCIA CLICKJECT<br>SUBCUTANEOUS AUTO-INJECTOR<br>125 MG/ML           | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA                                                 |

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

| Drug Name                                                                                                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------|
| ORENCIA SUBCUTANEOUS<br>SYRINGE 125 MG/ML, 50 MG/0.4<br>ML, 87.5 MG/0.7 ML                                                                                                                    | FE        |                       | ENBREL, OTEZLA,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA |
| OTEZLA ORAL TABLET 20 MG, 30<br>MG                                                                                                                                                            | PS        | PA; QL; LA            |                                                                    |
| OTEZLA STARTER ORAL<br>TABLETS,DOSE PACK 10 MG (4)- 20<br>MG (51), 10 MG (4)-20 MG (4)-30 MG<br>(47)                                                                                          | PS        | PA; QL; LA            |                                                                    |
| OTEZLA XR INITIATION ORAL<br>TABLET AND TABLET ER DOSE<br>PACK 10-20-30-75 MG                                                                                                                 | PS        | PA; LA                |                                                                    |
| OTEZLA XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 75 MG                                                                                                                                         | PS        | PA; LA                |                                                                    |
| penicillamine oral capsule 250 mg                                                                                                                                                             | PG        |                       |                                                                    |
| penicillamine oral tablet 250 mg                                                                                                                                                              | PG        |                       |                                                                    |
| RASUVO (PF) SUBCUTANEOUS<br>AUTO-INJECTOR 10 MG/0.2 ML, 12.5<br>MG/0.25 ML, 15 MG/0.3 ML, 17.5<br>MG/0.35 ML, 20 MG/0.4 ML, 22.5<br>MG/0.45 ML, 25 MG/0.5 ML, 30<br>MG/0.6 ML, 7.5 MG/0.15 ML | FE        |                       | methotrexate                                                       |
| RIDAURA ORAL CAPSULE 3 MG                                                                                                                                                                     | PB        |                       |                                                                    |
| RINVOQ LQ ORAL SOLUTION 1<br>MG/ML                                                                                                                                                            | PS        | PA; QL; LA            |                                                                    |
| RINVOQ ORAL TABLET EXTENDED<br>RELEASE 24 HR 15 MG, 30 MG, 45<br>MG                                                                                                                           | PS        | PA; QL; LA            |                                                                    |
| SAVELLA ORAL TABLET 100 MG,<br>12.5 MG, 25 MG, 50 MG                                                                                                                                          | NPB       | ST; QL                | milnacipran hcl                                                    |
| SAVELLA ORAL TABLETS,DOSE<br>PACK 12.5 MG (5)-25 MG(8)-50<br>MG(42)                                                                                                                           | NPB       | ST; QL                | milnacipran hcl                                                    |
| SIMLANDI(CF) AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 40 MG/0.4 ML, 80 MG/0.8 ML                                                                                                    | PS        | PA; QL; LA            |                                                                    |

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

| <b>Drug Name</b>                                                                                                | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIMLANDI(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.2 ML, 40<br>MG/0.4 ML                                          | PS               | PA; QL; LA                   |                                                                                                                                                               |
| SIMPONI ARIA INTRAVENOUS<br>SOLUTION 12.5 MG/ML                                                                 | NPS              | PA; LA                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT, AVSOLA,<br>INFLIXIMAB,<br>SIMLANDI(CF)<br>AUTOINJECTOR, SIMPONI |
| SIMPONI SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML                                                                  | PS               | PA; QL; LA                   |                                                                                                                                                               |
| SIMPONI SUBCUTANEOUS PEN<br>INJECTOR 50 MG/0.5 ML                                                               | FE               |                              | ENBREL, OTEZLA,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA                                                                                            |
| SIMPONI SUBCUTANEOUS<br>SYRINGE 100 MG/ML                                                                       | PS               | PA; QL; LA                   |                                                                                                                                                               |
| SIMPONI SUBCUTANEOUS<br>SYRINGE 50 MG/0.5 ML                                                                    | FE               |                              | ENBREL, OTEZLA,<br>SKYRIZI PEN, TALTZ<br>AUTOINJECTOR,<br>TREMIFYA                                                                                            |
| TOFIDENCE INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20 MG/ML),<br>80 MG/4 ML (20 MG/ML) | FE               |                              | AVTOZMA, TYENNE                                                                                                                                               |
| TYENNE AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                                               | PS               | PA; QL; LA                   |                                                                                                                                                               |
| TYENNE INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20 MG/ML),<br>80 MG/4 ML (20 MG/ML)    | PS               | PA; LA                       |                                                                                                                                                               |
| TYENNE SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                                                    | PS               | PA; QL; LA                   |                                                                                                                                                               |
| XELJANZ ORAL SOLUTION 1<br>MG/ML                                                                                | PS               | PA; QL; LA                   |                                                                                                                                                               |
| XELJANZ ORAL TABLET 10 MG, 5<br>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<br>PREFERRED<br>ALTERNATIVES                                                                                        |
|-------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11 MG,<br>22 MG                          | PS        | PA; QL; LA            |                                                                                                                               |
| YUFLYMA(CF) AI CROHN'S-UC-HS<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 80 MG/0.8 ML           | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| YUFLYMA(CF) AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 40 MG/0.4 ML, 80 MG/0.8 ML | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |
| YUFLYMA(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.2 ML, 40<br>MG/0.4 ML                     | FE        |                       | ADALIMUMAB-ADAZ(CF),<br>ADALIMUMAB-<br>ADBM(CF),<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR        |
| YUSIMRY(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR 40<br>MG/0.8 ML                              | FE        |                       | ADALIMUMAB-ADAZ(CF)<br>PEN, ADALIMUMAB-<br>ADBM(CF)PEN,<br>ADALIMUMAB-RYVK(CF)<br>AUTOINJECT,<br>SIMLANDI(CF)<br>AUTOINJECTOR |

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

|                                              |     |     |  |
|----------------------------------------------|-----|-----|--|
| CAYA CONTOURED VAGINAL<br>DIAPHRAGM 65-80 MM | PB  | ACA |  |
| DUREX AVANTI BARE REAL FEEL                  | NPB | ACA |  |
| DUREX TROPICAL CONDOM<br>DEVICE              | NPB | 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<br>PREFERRED<br>ALTERNATIVES                                                                       |
|-------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------|
| FC2 FEMALE CONDOM                                                             | PB        | ACA                   |                                                                                                              |
| FEMCAP VAGINAL DEVICE 22 MM                                                   | PB        | ACA                   |                                                                                                              |
| KYLEENA INTRAUTERINE<br>INTRAUTERINE DEVICE 17.5<br>MCG/24 HR (5 YRS) 19.5 MG | PS        | ACA                   |                                                                                                              |
| LILETTA INTRAUTERINE<br>INTRAUTERINE DEVICE 20.4<br>MCG/24 HR (8 YRS) 52 MG   | NPS       | ACA; LA               | KYLEENA, MIRENA,<br>SKYLA                                                                                    |
| MIRENA INTRAUTERINE<br>INTRAUTERINE DEVICE 21<br>MCG/24HR (UP TO 8 YRS) 52 MG | PS        | ACA                   |                                                                                                              |
| MIUDELLA INTRAUTERINE<br>INTRAUTERINE DEVICE 175<br>SQUARE MM                 | NPS       | ACA                   | PARAGARD T 380-A                                                                                             |
| PARAGARD T 380A INTRAUTERINE<br>INTRAUTERINE DEVICE 380<br>SQUARE MM          | PS        | ACA                   |                                                                                                              |
| SKYLA INTRAUTERINE<br>INTRAUTERINE DEVICE 14 MCG/24<br>HR (3 YRS) 13.5 MG     | PS        | ACA                   |                                                                                                              |
| TRUSTEX-RIA NON-LUB<br>CONDOMS DEVICE                                         | PB        | ACA                   |                                                                                                              |
| <b>ESTROGENS &amp; PROGESTINS</b>                                             |           |                       |                                                                                                              |
| abigale lo oral tablet 0.5-0.1 mg                                             | PG        |                       |                                                                                                              |
| abigale oral tablet 1-0.5 mg                                                  | PG        |                       |                                                                                                              |
| ACTIVELLA ORAL TABLET 1-0.5<br>MG                                             | NPB       |                       | estradiol-norethindrone acetat                                                                               |
| ANGELIQ ORAL TABLET 0.25-0.5<br>MG, 0.5-1 MG                                  | NPB       |                       | abigale, estradiol-<br>norethindrone acetat, fyavolv,<br>jinteli, mimvey, norethindron-<br>ethinyl estradiol |
| BIJUVA ORAL CAPSULE 0.5-100<br>MG, 1-100 MG                                   | FE        |                       | abigale, estradiol-<br>norethindrone acetat, fyavolv,<br>jinteli, mimvey, norethindron-<br>ethinyl estradiol |
| camila oral tablet 0.35 mg                                                    | PG        | ACA                   |                                                                                                              |
| CLIMARA PRO TRANSDERMAL<br>PATCH WEEKLY 0.045-0.015 MG/24<br>HR               | FE        |                       | COMBIPATCH                                                                                                   |

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

| Drug Name                                                                                                                                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------|
| CLIMARA TRANSDERMAL PATCH<br>WEEKLY 0.025 MG/24 HR, 0.0375<br>MG/24 HR, 0.05 MG/24 HR, 0.06<br>MG/24 HR, 0.075 MG/24 HR, 0.1<br>MG/24 HR                                 | NPB       | QL                    | estradiol                                                                                    |
| COMBIPATCH TRANSDERMAL<br>PATCH SEMIWEEKLY 0.05-0.14<br>MG/24 HR, 0.05-0.25 MG/24 HR                                                                                     | PB        |                       |                                                                                              |
| conjugated estrogens oral tablet 0.3 mg,<br>0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg                                                                                           | PG        |                       |                                                                                              |
| 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,<br>megestrol acetate,<br>norethindrone acetate,<br>progesterone |
| CRINONE VAGINAL GEL 8 %                                                                                                                                                  | PS        | F; LA                 |                                                                                              |
| deblitane oral tablet 0.35 mg                                                                                                                                            | PG        | ACA                   |                                                                                              |
| DELESTROGEN INTRAMUSCULAR<br>OIL 10 MG/ML, 20 MG/ML                                                                                                                      | NPB       |                       | estradiol valerate                                                                           |
| DEPO-ESTRADIOL<br>INTRAMUSCULAR OIL 5 MG/ML                                                                                                                              | PB        |                       |                                                                                              |
| DEPO-PROVERA INTRAMUSCULAR<br>SUSPENSION 150 MG/ML                                                                                                                       | NPB       | QL; ACA               | medroxyprogesterone acetate                                                                  |
| DEPO-PROVERA INTRAMUSCULAR<br>SYRINGE 150 MG/ML                                                                                                                          | NPB       | QL; ACA               | medroxyprogesterone acetate                                                                  |
| DEPO-SUBQ PROVERA 104<br>SUBCUTANEOUS SYRINGE 104<br>MG/0.65 ML                                                                                                          | NPB       | QL; ACA               | medroxyprogesterone acetate                                                                  |
| DIVIGEL TRANSDERMAL GEL IN<br>PACKET 0.25 MG/0.25 GRAM (0.1 %),<br>0.5 MG/0.5 GRAM (0.1 %), 0.75<br>MG/0.75 GRAM (0.1%), 1 MG/GRAM<br>(0.1 %), 1.25 MG/1.25 GRAM (0.1 %) | FE        |                       | estradiol                                                                                    |
| dotti transdermal patch semiweekly<br>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05<br>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        |                       |                                                                                              |

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

| <b>Drug Name</b>                                                                                                                                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| eeemt oral tablet 1.25-2.5 mg                                                                                                                                              | PG               |                              |                                                 |
| ELESTRIN TRANSDERMAL GEL IN<br>METERED-DOSE PUMP 0.87<br>GRAM/ACTUATION                                                                                                    | FE               |                              | estradiol, estradiol, estradiol                 |
| emzahh oral tablet 0.35 mg                                                                                                                                                 | PG               | ACA                          |                                                 |
| ENDOMETRIN VAGINAL INSERT<br>100 MG                                                                                                                                        | PS               | F; LA                        |                                                 |
| errin oral tablet 0.35 mg                                                                                                                                                  | PG               | ACA                          |                                                 |
| ESTRACE VAGINAL CREAM 0.01 %<br>(0.1 MG/GRAM)                                                                                                                              | FE               |                              | estradiol                                       |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg                                                                                                                                   | PG               |                              |                                                 |
| estradiol transdermal gel in metered-dose<br>pump 1.25 gram/actuation                                                                                                      | PG               | QL                           |                                                 |
| estradiol transdermal gel in packet 0.25<br>mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram<br>(0.1 %), 0.75 mg/0.75 gram (0.1%), 1<br>mg/gram (0.1 %), 1.25 mg/1.25 gram<br>(0.1 %) | PG               | QL                           |                                                 |
| estradiol transdermal patch semiweekly<br>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05<br>mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr                                                  | PG               | QL                           |                                                 |
| estradiol transdermal patch weekly 0.025<br>mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24<br>hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1<br>mg/24 hr                                    | PG               | QL                           |                                                 |
| estradiol vaginal cream 0.01 % (0.1<br>mg/gram)                                                                                                                            | PG               |                              |                                                 |
| estradiol vaginal tablet 10 mcg                                                                                                                                            | PG               |                              |                                                 |
| estradiol valerate intramuscular oil 10<br>mg/ml, 20 mg/ml, 40 mg/ml                                                                                                       | PG               |                              |                                                 |
| estradiol-norethindrone acet oral tablet<br>0.5-0.1 mg, 1-0.5 mg                                                                                                           | PG               |                              |                                                 |
| ESTRING VAGINAL RING 2 MG (7.5<br>MCG /24 HOUR)                                                                                                                            | FE               |                              | estradiol, estradiol, yuvafem,<br>PREMARIN      |
| ESTROGEL TRANSDERMAL GEL IN<br>METERED-DOSE PUMP 1.25<br>GRAM/ACTUATION                                                                                                    | FE               |                              | estradiol                                       |

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

| Drug Name                                                                                                               | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                 |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------|
| estrogens-methyltestosterone oral tablet<br>0.625-1.25 mg, 1.25-2.5 mg                                                  | PG        |                       |                                                        |
| EVAMIST TRANSDERMAL<br>SPRAY, NON-AEROSOL 1.53<br>MG/SPRAY (1.7%)                                                       | NPB       | QL                    | estradiol, estradiol, estradiol                        |
| FEMRING VAGINAL RING 0.05<br>MG/24 HR, 0.1 MG/24 HR                                                                     | FE        |                       | estradiol, estradiol, estradiol,<br>yuvaferm, PREMARIN |
| fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5<br>mg-mcg                                                                       | PG        |                       |                                                        |
| gallifrey oral tablet 5 mg                                                                                              | PG        |                       |                                                        |
| heather oral tablet 0.35 mg                                                                                             | PG        | ACA                   |                                                        |
| IMVEXXY MAINTENANCE PACK<br>VAGINAL INSERT 10 MCG, 4 MCG                                                                | FE        |                       | estradiol, estradiol, yuvaferm,<br>PREMARIN            |
| IMVEXXY STARTER PACK<br>VAGINAL INSERT, DOSE PACK 10<br>MCG, 4 MCG                                                      | FE        |                       | estradiol, estradiol, yuvaferm,<br>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<br>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05<br>mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr | PG        | QL                    |                                                        |
| lyza oral tablet 0.35 mg                                                                                                | PG        | ACA                   |                                                        |
| medroxyprogesterone intramuscular<br>suspension 150 mg/ml                                                               | PG        | QL; ACA               |                                                        |
| medroxyprogesterone intramuscular<br>syringe 150 mg/ml                                                                  | PG        | QL; ACA               |                                                        |
| medroxyprogesterone oral tablet 10 mg,<br>2.5 mg, 5 mg                                                                  | PG        |                       |                                                        |
| meleya oral tablet 0.35 mg                                                                                              | PG        | ACA                   |                                                        |
| MENEST ORAL TABLET 1.25 MG,<br>2.5 MG                                                                                   | FE        |                       | conjugated estrogens, estradiol                        |
| MENOSTAR TRANSDERMAL<br>PATCH WEEKLY 14 MCG/24 HR                                                                       | NPB       | QL                    | estradiol                                              |
| mimvey oral tablet 1-0.5 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<br>PREFERRED<br>ALTERNATIVES                                                                       |
|------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------|
| MINIVELLE TRANSDERMAL<br>PATCH SEMIWEEKLY 0.025 MG/24<br>HR, 0.0375 MG/24 HR, 0.05 MG/24<br>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<br>0.35 mg                                                                         | PG        | ACA                   |                                                                                                              |
| norethindrone acetate oral tablet 5 mg                                                                                       | PG        |                       |                                                                                                              |
| norethindrone ac-eth estradiol oral tablet<br>0.5-2.5 mg-mcg, 1-5 mg-mcg                                                     | PG        |                       |                                                                                                              |
| OPILL ORAL TABLET 0.075 MG                                                                                                   | PB        | ACA                   |                                                                                                              |
| orquidea oral tablet 0.35 mg                                                                                                 | PG        | ACA                   |                                                                                                              |
| PREMARIN ORAL TABLET 0.3 MG,<br>0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                                                           | FE        |                       | conjugated estrogens                                                                                         |
| PREMARIN VAGINAL CREAM 0.625<br>MG/GRAM                                                                                      | PB        |                       |                                                                                                              |
| PREMPHASE ORAL TABLET 0.625<br>MG (14)/ 0.625MG-5MG(14)                                                                      | FE        |                       | abigale, estradiol-<br>norethindrone acetat, fyavolv,<br>jinteli, mimvey, norethindron-<br>ethinyl estradiol |
| PREMPRO ORAL TABLET 0.3-1.5<br>MG, 0.45-1.5 MG, 0.625-2.5 MG,<br>0.625-5 MG                                                  | FE        |                       | abigale, estradiol-<br>norethindrone acetat, fyavolv,<br>jinteli, mimvey, norethindron-<br>ethinyl estradiol |
| progesterone intramuscular oil 50 mg/ml                                                                                      | PS        | LA                    |                                                                                                              |
| progesterone micronized oral capsule<br>100 mg, 200 mg                                                                       | PG        |                       |                                                                                                              |
| progesterone micronized vaginal insert<br>100 mg                                                                             | PS        | F                     |                                                                                                              |
| PROMETRIUM ORAL CAPSULE 100<br>MG, 200 MG                                                                                    | NPB       |                       | progesterone                                                                                                 |
| PROVERA ORAL TABLET 10 MG,<br>2.5 MG, 5 MG                                                                                   | NPB       |                       | medroxyprogesterone acetate                                                                                  |
| sharobel oral tablet 0.35 mg                                                                                                 | PG        | ACA                   |                                                                                                              |
| tulana oral tablet 0.35 mg                                                                                                   | PG        | ACA                   |                                                                                                              |
| VAGIFEM VAGINAL TABLET 10<br>MCG                                                                                             | FE        |                       | estradiol, yuvafem                                                                                           |

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

| Drug Name                                                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------|
| VIVELLE-DOT TRANSDERMAL<br>PATCH SEMIWEEKLY 0.025 MG/24<br>HR, 0.0375 MG/24 HR, 0.05 MG/24<br>HR, 0.075 MG/24 HR, 0.1 MG/24 HR | FE        |                       | estradiol                                                                                                                   |
| yuvaferm vaginal tablet 10 mcg                                                                                                 | PG        |                       |                                                                                                                             |
| <b>MISCELLANEOUS OB/GYN</b>                                                                                                    |           |                       |                                                                                                                             |
| ANNOVERA VAGINAL RING 0.15-<br>0.013 MG/24 HOUR                                                                                | NPB       | QL; ACA               | drospirenone-ethinyl estradiol,<br>eluryng, etonogestrel-ethinyl<br>estradiol, junel fe, sprintec, tri-<br>sprintec, xulane |
| CERVIDIL VAGINAL INSERT,<br>EXTENDED RELEASE 10 MG                                                                             | NPB       |                       |                                                                                                                             |
| CLEOCIN VAGINAL CREAM 2 %                                                                                                      | NPB       |                       | clindamycin phosphate                                                                                                       |
| CLEOCIN VAGINAL SUPPOSITORY<br>100 MG                                                                                          | NPB       |                       | clindamycin phosphate,<br>metronidazole, XACIATO                                                                            |
| clindamycin phosphate vaginal cream 2<br>%                                                                                     | PG        |                       |                                                                                                                             |
| CLINDESSE VAGINAL<br>CREAM,EXTENDED RELEASE 2 %                                                                                | NPB       |                       | clindamycin phosphate,<br>metronidazole, XACIATO                                                                            |
| eluryng vaginal ring 0.12-0.015 mg/24<br>hr                                                                                    | PG        | ACA                   |                                                                                                                             |
| enilloring vaginal ring 0.12-0.015 mg/24<br>hr                                                                                 | PG        | ACA                   |                                                                                                                             |
| etonogestrel-ethinyl estradiol vaginal<br>ring 0.12-0.015 mg/24 hr                                                             | PG        | ACA                   |                                                                                                                             |
| fem ph vaginal gel 0.9-0.025 %                                                                                                 | PG        |                       |                                                                                                                             |
| GYNAZOLE-1 VAGINAL CREAM 2<br>%                                                                                                | NPB       |                       | terconazole                                                                                                                 |
| haloette vaginal ring 0.12-0.015 mg/24<br>hr                                                                                   | PG        | ACA                   |                                                                                                                             |
| INTRAROSA VAGINAL INSERT 6.5<br>MG                                                                                             | FE        |                       | estradiol, estradiol, yuvaferm,<br>PREMARIN                                                                                 |
| LYNKUET ORAL CAPSULE 60 MG                                                                                                     | NPB       |                       | conjugated estrogens,<br>estradiol, estradiol, estradiol,<br>paroxetine hcl                                                 |
| metronidazole vaginal gel 0.75 %<br>(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<br>PREFERRED<br>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                                                | NPB       |                       | estradiol, estradiol, yuvafem, PREMARIN                                                    |
| PHEXX VAGINAL GEL 1.8-1-0.4 %                                            | FE        |                       | CAYA CONTOURED, FC2 FEMALE CONDOM, FEMCAP, TRUSTEX LATEX CONDOM, VCF                       |
| 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        |                       |                                                                                            |
| 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        |                       |                                                                                            |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %                                 | PB        | ACA                   |                                                                                            |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                      |
|--------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------|
| VCF CONTRACEPTIVE GEL<br>VAGINAL GEL 4 %                                 | PB        | ACA                   |                                                                             |
| VEOZAH ORAL TABLET 45 MG                                                 | NPB       |                       | conjugated estrogens,<br>estradiol, estradiol, estradiol,<br>paroxetine hcl |
| XACIATO VAGINAL GEL 2 %                                                  | PB        |                       |                                                                             |
| xulane transdermal patch weekly 150-35<br>mcg/24 hr                      | PG        | ACA                   |                                                                             |
| zafemy transdermal patch weekly 150-35<br>mcg/24 hr                      | PG        | ACA                   |                                                                             |
| <b>ORAL CONTRACEPTIVES &amp;<br/>RELATED AGENTS</b>                      |           |                       |                                                                             |
| 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-<br>mcg                            | PG        | ACA                   |                                                                             |
| alyacen 7/7/7 (28) oral tablet 0.5/0.75/1<br>mg- 35 mcg                  | PG        | ACA                   |                                                                             |
| amethia oral tablets,dose pack,3 month<br>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-<br>mcg                        | PG        | ACA                   |                                                                             |
| ashlyna oral tablets,dose pack,3 month<br>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<br>mg-mcg                        | PG        | ACA                   |                                                                             |
| aurovela 1/20 (21) oral tablet 1-20 mg-<br>mcg                           | PG        | ACA                   |                                                                             |
| aurovela 24 fe oral tablet 1 mg-20 mcg<br>(24)/75 mg (4)                 | PG        | ACA                   |                                                                             |

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

| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                |
|-------------------------------------------------------------------------|------------------|------------------------------|----------------------------------------------------------------|
| 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                          |                                                                |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)                       | FE               |                              | apri, cyred eq, enskyce, isibloom, juleber, kalliga, reclipsen |
| 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                          |                                                                |

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

| Drug Name                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                     |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------|
| 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                   |                                                                                                            |
| 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                   |                                                                                                            |
| 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<br>TABLET,DISINTEGRATING 1 MG-<br>20 MCG                                          | FE        |                       | charlotte 24 fe, finzala, kaitlib fe, layolis fe, mibelas 24 fe, norethindron-ethinyl estradiol, wymzya fe |
| finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)                                       | PG        | ACA                   |                                                                                                            |
| galbriela oral tablet,chewable 0.8mg-25mcg(24) and 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                   |                                                                                                            |

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

| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|---------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| 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                          |                                                 |
| iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)                                  | PG               | ACA                          |                                                 |
| introvale 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                          |                                                 |
| junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)                                          | 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                          |                                                 |
| 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                          |                                                 |

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

| Drug Name                                                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                   |
|---------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------|
| larin 1/20 (21) oral tablet 1-20 mg-mcg                                               | PG        | ACA                   |                                                                                                          |
| larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)                                    | 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                   |                                                                                                          |
| 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                   |                                                                                                          |
| 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, norethindron-ethinyl estradiol                              |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                            | FE        |                       | aurovela, junel, larin, microgestin, norethindron-ethinyl 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                   |

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



| Drug Name                                                                  | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                        |
|----------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------|
| lojaimiess oral tablets,dose pack,3 month<br>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-<br>mcg                            | PG        | ACA                   |                                                                                                               |
| lo-zumandimine (28) oral tablet 3-0.02<br>mg                               | PG        | ACA                   |                                                                                                               |
| luizza oral tablet 1-20 mg-mcg, 1.5-30<br>mg-mcg                           | PG        | ACA                   |                                                                                                               |
| luter (28) oral tablet 0.1-20 mg-mcg                                       | PG        | ACA                   |                                                                                                               |
| marlissa (28) oral tablet 0.15-0.03 mg                                     | PG        | ACA                   |                                                                                                               |
| mibelas 24 fe oral tablet,chewable 1 mg-<br>20 mcg(24) /75 mg (4)          | PG        | ACA                   |                                                                                                               |
| microgestin 1.5/30 (21) oral tablet 1.5-30<br>mg-mcg                       | PG        | ACA                   |                                                                                                               |
| microgestin 1/20 (21) oral tablet 1-20<br>mg-mcg                           | PG        | ACA                   |                                                                                                               |
| microgestin fe 1.5/30 (28) oral tablet 1.5<br>mg-30 mcg (21)/75 mg (7)     | PG        | ACA                   |                                                                                                               |
| microgestin fe 1/20 (28) oral tablet 1<br>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<br>(21)/iron (7)                        | PG        | ACA                   |                                                                                                               |
| mono-lynyah 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<br>MG-2 MG/ 2 MG-3 MG/1 MG                      | FE        |                       | blisovi fe, drospirenone-<br>ethinyl estradiol, estarylla,<br>junel fe, sprintec, tri-sprintec                |
| necon 0.5/35 (28) oral tablet 0.5-35 mg-<br>mcg                            | PG        | ACA                   |                                                                                                               |
| new day oral tablet 1.5 mg                                                 | PG        | QL; ACA               |                                                                                                               |
| NEXTSTELLIS ORAL TABLET 3<br>MG- 14.2 MG (28)                              | FE        |                       | aurovela fe, blisovi fe,<br>drospirenone-ethinyl estradiol,<br>estarylla, junel fe, tri-sprintec,<br>sprintec |

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

| <b>Drug Name</b>                                                                                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| nikki (28) oral tablet 3-0.02 mg                                                                                       | PG               | ACA                          |                                                 |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg                                                                 | PG               | ACA                          |                                                 |
| norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)                                                 | 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                          |                                                 |
| pimtreea (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                          |                                                 |
| rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg                                                  | PG               | ACA                          |                                                 |

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

| Drug Name                                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                   |
|------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------|
| 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                   |                                                                          |
| shewise oral tablet 1.5 mg                                             | PG        | QL; ACA               |                                                                          |
| simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5                  | PG        | ACA                   |                                                                          |
| simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | PG        | ACA                   |                                                                          |
| SLYND ORAL TABLET 4 MG (28)                                            | FE        |                       | camila, deblitane, errin, heather, lyza, norethindrone acetate, sharobel |
| sprintec (28) oral tablet 0.25-0.035 mg                                | 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        |                       | gemma, 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                   |                                                                          |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                 |
|----------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------|
| 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                   |                                                                                        |
| 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<br>TABLET,CHEWABLE 0.1 MG- 20<br>MCG                    | FE        |                       | altavera, aviane, falmina,<br>lessina, levonorgestrel-eth<br>estradiol, portia, vienva |
| tydemy oral tablet 3-0.03-0.451 mg (21)<br>(7)                       | PG        | ACA                   |                                                                                        |
| valtya oral tablet 1-35 mg-mcg, 1-50<br>mg-mcg                       | PG        | ACA                   |                                                                                        |
| velivet triphasic regimen (28) oral tablet<br>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<br>/0.01 mg x 5             | PG        | ACA                   |                                                                                        |
| volnea (28) oral tablet 0.15-0.02 mgx21<br>/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-<br>35mcg(21) and 75 mg (7)     | PG        | ACA                   |                                                                                        |
| xarah fe oral tablet 1-20(5)/1-30(7)<br>/1mg-35mcg (9)               | PG        | ACA                   |                                                                                        |
| xelria fe oral tablet,chewable 0.4mg-<br>35mcg(21) and 75 mg (7)     | PG        | ACA                   |                                                                                        |

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

| Drug Name                                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                          |
|-----------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------|
| 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                   |                                                                                 |
| <b>OXYTOCICS</b>                                                      |           |                       |                                                                                 |
| methylergonovine oral tablet 0.2 mg                                   | PG        | QL                    |                                                                                 |
| <b>OPHTHALMOLOGY</b>                                                  |           |                       |                                                                                 |
| <b>ANTIBIOTICS</b>                                                    |           |                       |                                                                                 |
| 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        |                       |                                                                                 |
| BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %                  | FE        |                       | ciprofloxacin hcl, gatifloxacin, levofloxacin, moxifloxacin hcl, ofloxacin      |
| 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        |                       |                                                                                 |

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

| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| gentamicin ophthalmic (eye) drops 0.3 %                                                          | PG               |                              |                                                 |
| levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %                                                 | PG               |                              |                                                 |
| MOXIFLOXACIN (PF)-BSS<br>INTRACAMERAL SOLUTION 1<br>MG/ML                                        | NPB              | ST                           |                                                 |
| moxifloxacin ophthalmic (eye) drops 0.5 %                                                        | PG               |                              |                                                 |
| moxifloxacin ophthalmic (eye) drops,<br>viscous 0.5 %                                            | PG               |                              |                                                 |
| MOXIFLOXACIN-SOD<br>CHLOR,ISO(PF) INTRAOCULAR<br>SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8<br>ML, 5 MG/ML | NPB              | ST                           |                                                 |
| MOXIFLOXACIN-SOD<br>CHLOR,ISO(PF) INTRAOCULAR<br>SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML                | NPB              | ST                           |                                                 |
| NATACYN OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %                                                 | PB               |                              |                                                 |
| neomycin-bacitracin-polymyxin<br>ophthalmic (eye) ointment 3.5-400-<br>10,000 mg-unit-unit/g     | PG               |                              |                                                 |
| neomycin-polymyxin-gramicidin<br>ophthalmic (eye) drops 1.75 mg-10,000<br>unit-0.025mg/ml        | PG               |                              |                                                 |
| neo-polycin ophthalmic (eye) ointment<br>3.5-400-10,000 mg-unit-unit/g                           | PG               |                              |                                                 |
| OCUFLOX OPHTHALMIC (EYE)<br>DROPS 0.3 %                                                          | NPB              |                              | ofloxacin                                       |
| ofloxacin ophthalmic (eye) drops 0.3 %                                                           | PG               |                              |                                                 |
| polycin ophthalmic (eye) ointment 500-<br>10,000 unit/gram                                       | PG               |                              |                                                 |
| polymyxin b sulf-trimethoprim<br>ophthalmic (eye) drops 10,000 unit- 1<br>mg/ml                  | PG               |                              |                                                 |
| povidone-iodine ophthalmic (eye)<br>solution 5 %                                                 | 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<br>PREFERRED<br>ALTERNATIVES                         |
|---------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------|
| tobramycin ophthalmic (eye) drops 0.3 %                             | PG        |                       |                                                                |
| TOBRAMYCIN-VANCOMYCIN OPTHALMIC (EYE) DROPS 1-2.5 %, 1.5-5 %        | NPB       |                       |                                                                |
| TOBREX OPTHALMIC (EYE) OINTMENT 0.3 %                               | NPB       |                       | tobramycin sulfate                                             |
| VANCOMYCIN IN WATER OPTHALMIC (EYE) DROPS 2.5 %                     | NPB       |                       |                                                                |
| VIGAMOX OPTHALMIC (EYE) DROPS 0.5 %                                 | NPB       |                       | moxifloxacin hcl                                               |
| <b>ANTIVIRALS</b>                                                   |           |                       |                                                                |
| trifluridine ophthalmic (eye) drops 1 %                             | PG        |                       |                                                                |
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 %                                   | NPB       |                       | trifluridine                                                   |
| <b>BETA-BLOCKERS</b>                                                |           |                       |                                                                |
| betaxolol ophthalmic (eye) drops 0.5 %                              | PG        |                       |                                                                |
| BETIMOL OPTHALMIC (EYE) DROPS 0.5 %                                 | FE        |                       | timolol maleate, betaxolol hcl, carteolol hcl, levobunolol hcl |
| BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                  | NPB       |                       | betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate |
| carteolol ophthalmic (eye) drops 1 %                                | PG        |                       |                                                                |
| ISTALOL OPTHALMIC (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                    |                                                                |

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

| Drug Name                                                                                                 | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                            |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------|
| TIMOPTIC OCUDOSE (PF)<br>OPHTHALMIC (EYE)<br>DROPPERETTE 0.25 %                                           | FE        |                       | timolol maleate, betaxolol hcl,<br>carteolol hcl, levobunolol hcl |
| TIMOPTIC OCUDOSE (PF)<br>OPHTHALMIC (EYE)<br>DROPPERETTE 0.5 %                                            | FE        |                       | timolol maleate                                                   |
| <b>CHOLINESTERASE INHIBITOR<br/>MIOTICS</b>                                                               |           |                       |                                                                   |
| PHOSPHOLINE IODIDE<br>OPHTHALMIC (EYE) DROPS 0.125 %                                                      | PS        |                       |                                                                   |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                                                             |           |                       |                                                                   |
| atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %                                                      | PG        |                       |                                                                   |
| ATROPINE OPHTHALMIC (EYE)<br>DROPS 0.05 %                                                                 | NPB       |                       |                                                                   |
| ATROPINE SULFATE (PF)<br>OPHTHALMIC (EYE)<br>DROPPERETTE 1 %                                              | FE        |                       | atropine sulfate                                                  |
| CYCLOGYL OPHTHALMIC (EYE)<br>DROPS 0.5 %, 1 %, 2 %                                                        | NPB       |                       | cyclopentolate hcl                                                |
| cyclopentolate ophthalmic (eye) drops 1 %                                                                 | PG        |                       |                                                                   |
| cyclopen-tropic-phenyleph-watr<br>ophthalmic (eye) drops 1-1-2.5 %                                        | PG        |                       |                                                                   |
| CYCLOPENT-TROPIC-PHEN-KETR-<br>WAT OPHTHALMIC (EYE) DROPS 1<br>%-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %-<br>0.5 % | NPB       |                       |                                                                   |
| CYCLOP-TROP-PROPA-PHEN-KET-<br>WAT OPHTHALMIC (EYE) DROPS 1<br>%-1 %-0.1 %- 2.5 %-0.4 %                   | NPB       |                       |                                                                   |
| homatropaire ophthalmic (eye) drops 5 %                                                                   | PG        |                       |                                                                   |
| MYDCOMBI OPHTHALMIC (EYE)<br>CARTRIDGE 2.5-1 %                                                            | NPB       |                       |                                                                   |
| MYDRIACYL OPHTHALMIC (EYE)<br>DROPS 1 %                                                                   | NPB       |                       | tropicamide                                                       |

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



| Drug Name                                                        | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| phenyleph-tropicamide in water<br>ophthalmic (eye) drops 2.5-1 % | PG        |                       |                                        |
| tropicamide ophthalmic (eye) drops 0.5<br>%, 1 %                 | PG        |                       |                                        |
| <b>DIRECT ACTING MIOTICS</b>                                     |           |                       |                                        |
| MIOCHOL-E INTRAOCULAR KIT 1<br>% (10 MG/ML)                      | NPB       |                       |                                        |
| pilocarpine hcl ophthalmic (eye) drops 1<br>%, 2 %, 4 %          | PG        |                       |                                        |
| pilocarpine hcl ophthalmic (eye) drops<br>1.25 %                 | FE        |                       |                                        |
| QLOSI OPHTHALMIC (EYE)<br>DROPPERETTE 0.4 %                      | FE        |                       |                                        |
| VIZZ OPHTHALMIC (EYE)<br>DROPPERETTE 1.44 %                      | FE        |                       |                                        |
| VUITY OPHTHALMIC (EYE) DROPS<br>1.25 %                           | FE        |                       |                                        |
| <b>MISCELLANEOUS<br/>OPHTHALMOLOGICS</b>                         |           |                       |                                        |
| acuicyn topical spray,non-aerosol 0.01<br>%                      | FE        |                       |                                        |
| AKTEN (PF) OPHTHALMIC (EYE)<br>GEL 3.5 %                         | NPB       |                       |                                        |
| ALCAINE OPHTHALMIC (EYE)<br>DROPS 0.5 %                          | NPB       |                       | proparacaine hcl                       |
| altacaine ophthalmic (eye) drops 0.5 %                           | PG        |                       |                                        |
| ALTAFLUOR BENOX OPHTHALMIC<br>(EYE) DROPS 0.25-0.4 %             | NPB       |                       |                                        |
| AVENOVA TOPICAL SPRAY, NON-<br>AEROSOL 0.01 %                    | FE        |                       |                                        |
| azelastine ophthalmic (eye) drops 0.05 %                         | PG        |                       |                                        |
| BEOVU INTRAVITREAL SYRINGE 6<br>MG/0.05 ML                       | NPS       | LA                    | PAVBLU                                 |
| bepotastine besilate ophthalmic (eye)<br>drops 1.5 %             | PG        | ST                    |                                        |
| BEPREVE OPHTHALMIC (EYE)<br>DROPS 1.5 %                          | FE        |                       | bepotastine besilate                   |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES          |
|--------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------|
| BEVACIZUMAB INTRAVITREAL SYRINGE 2.25 MG/0.09 ML, 2.75 MG/0.11 ML  | NPB       |                       |                                                 |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML                       | PS        |                       |                                                 |
| 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 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-KETORONACL(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        |                       |                                                 |
| EPIOXA OPHTHALMIC (EYE) KIT 0.239-0.177 %                          | NPS       |                       |                                                 |
| EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML                        | FE        |                       | PAVBLU                                          |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML                           | FE        |                       | PAVBLU                                          |
| EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML                            | FE        |                       | PAVBLU                                          |
| FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %            | NPB       |                       |                                                 |
| fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %         | 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.

| <b>Drug Name</b>                                                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| IHEEZO (PF) OPHTHALMIC (EYE)<br>DROPPERETTE, GEL 3 %                                 | NPB              |                              |                                                 |
| KLARITY (CHONDROITIN) (PF)<br>OPHTHALMIC (EYE) DROPS 0.25 %                          | NPB              |                              |                                                 |
| LUCENTIS INTRAVITREAL<br>SYRINGE 0.3 MG/0.05 ML, 0.5<br>MG/0.05 ML                   | FE               |                              | BYOOVIZ, CIMERLI                                |
| LUXTURNA SUBRETINAL<br>SUSPENSION 1.5 X 10EXP11 VG/0.3<br>ML (FNL)                   | PS               | PA; LA                       |                                                 |
| MIEBO (PF) OPHTHALMIC (EYE)<br>DROPS 100 %                                           | PB               | ST; QL                       |                                                 |
| MOXIFLOXACIN-BROMFENAC<br>OPHTHALMIC (EYE) DROPS 0.5-<br>0.075 %                     | NPB              |                              |                                                 |
| MYDRIATIC4(TROP-PROP-PE-<br>KTRLC) OPHTHALMIC (EYE)<br>DROPS 1-0.5-2.5-0.5 %         | NPB              |                              |                                                 |
| OMIDRIA INTRAOCULAR<br>CONCENTRATE 1-0.3 %                                           | NPB              |                              |                                                 |
| OXERVATE OPHTHALMIC (EYE)<br>DROPS 0.002 %                                           | PS               | PA; LA                       |                                                 |
| PAVBLU INTRAVITREAL<br>SOLUTION 2 MG/0.05 ML                                         | PS               | LA                           |                                                 |
| PAVBLU INTRAVITREAL SYRINGE<br>2 MG/0.05 ML                                          | PS               | LA                           |                                                 |
| prednisoln sp-moxiflox-bromfen<br>ophthalmic (eye) drops 1-0.5-0.075 %               | PG               |                              |                                                 |
| PREDNISOLONE ACETATE-<br>BROMFENAC OPHTHALMIC (EYE)<br>DROPS, SUSPENSION 1-0.075 %   | NPB              |                              |                                                 |
| PREDNISOLONE ACETATE-<br>NEPAFENAC OPHTHALMIC (EYE)<br>DROPS, SUSPENSION 1-0.1 %     | NPB              |                              |                                                 |
| prednisolone sod ph-bromfenac<br>ophthalmic (eye) drops 1-0.075 %                    | PG               |                              |                                                 |
| PREDNISOLONE-MOXIFLO-<br>NEPAFENAC OPHTHALMIC (EYE)<br>DROPS, SUSPENSION 1-0.5-0.1 % | NPB              |                              |                                                 |

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

| Drug Name                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                 |
|-------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------|
| PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % | NPB       |                       |                                                                                        |
| PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS 1-0.5-0.5 %             | NPB       |                       |                                                                                        |
| proparacaine ophthalmic (eye) drops 0.5 %                                     | PG        |                       |                                                                                        |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                              | PB        | ST; QL                |                                                                                        |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %                                  | NPB       | ST; QL                | cyclosporine                                                                           |
| SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML                     | FE        |                       |                                                                                        |
| 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        |                       |                                                                                        |
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %                                  | NPB       |                       | cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA                                        |
| 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                                                                                 |
| VABYSMO INTRAVITREAL SYRINGE 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                                        |
| XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %                                         | PS        | QL                    |                                                                                        |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                       |
|-------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------|
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                  | PB        | ST; QL                |                                                                                              |
| ZERVIAE OPHTHALMIC (EYE)<br>DROPPERETTE 0.24 %              | NPB       | ST                    | azelastine hcl, bepotastine<br>besilate, cromolyn sodium,<br>epinastine hcl, olopatadine hcl |
| <b>NON-STEROIDAL ANTI-<br/>INFLAMMATORY AGENTS</b>          |           |                       |                                                                                              |
| ACULAR LS OPHTHALMIC (EYE)<br>DROPS 0.4 %                   | NPB       |                       | ketorolac tromethamine                                                                       |
| ACULAR OPHTHALMIC (EYE)<br>DROPS 0.5 %                      | NPB       |                       | ketorolac tromethamine                                                                       |
| ACUVAIL (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.45 %         | FE        |                       | bromfenac sodium, diclofenac<br>sodium, ketorolac<br>tromethamine                            |
| bromfenac ophthalmic (eye) drops 0.07<br>%, 0.075 %, 0.09 % | PG        |                       |                                                                                              |
| BROMSITE OPHTHALMIC (EYE)<br>DROPS 0.075 %                  | FE        |                       | bromfenac sodium                                                                             |
| diclofenac sodium ophthalmic (eye)<br>drops 0.1 %           | PG        |                       |                                                                                              |
| flurbiprofen sodium ophthalmic (eye)<br>drops 0.03 %        | PG        |                       |                                                                                              |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %           | NPB       |                       | bromfenac sodium, diclofenac<br>sodium, ketorolac<br>tromethamine                            |
| ketorolac ophthalmic (eye) drops 0.4 %,<br>0.5 %            | PG        |                       |                                                                                              |
| NEVANAC OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %          | FE        |                       | bromfenac sodium, diclofenac<br>sodium, ketorolac<br>tromethamine                            |
| PROLENSA OPHTHALMIC (EYE)<br>DROPS 0.07 %                   | FE        |                       | bromfenac sodium                                                                             |
| <b>ORAL DRUGS FOR<br/>GLAUCOMA</b>                          |           |                       |                                                                                              |
| acetazolamide oral capsule, extended<br>release 500 mg      | PG        |                       |                                                                                              |
| acetazolamide oral tablet 125 mg, 250<br>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<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| methazolamide oral tablet 25 mg, 50 mg                                   | PG        |                       |                                        |
| <b>OTHER GLAUCOMA DRUGS</b>                                              |           |                       |                                        |
| AZOPT OPTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                            | FE        |                       | brinzolamide                           |
| BIMATOPROST (PF) OPTHALMIC<br>(EYE) DROPS 0.01 %                         | NPB       |                       |                                        |
| bimatoprost ophthalmic (eye) drops 0.01 %                                | PG        | ST                    |                                        |
| bimatoprost ophthalmic (eye) drops 0.03 %                                | PG        |                       |                                        |
| BRIMONIDINE-DORZOLAMIDE (PF)<br>OPHTHALMIC (EYE) DROPS 0.15-2 %          | NPB       |                       |                                        |
| BRIMONIDINE-DORZOLAMIDE<br>OPHTHALMIC (EYE) DROPS 0.1-2 %                | NPB       |                       |                                        |
| BRIMONIDINE-DORZOL-<br>BIMATOPROST OPTHALMIC<br>(EYE) DROPS 0.1-2-0.01 % | NPB       |                       |                                        |
| brimonidine-timolol ophthalmic (eye)<br>drops 0.2-0.5 %                  | PG        |                       |                                        |
| brinzolamide ophthalmic (eye)<br>drops,suspension 1 %                    | PG        |                       |                                        |
| COMBIGAN OPTHALMIC (EYE)<br>DROPS 0.2-0.5 %                              | NPB       | ST                    | brimonidine tartrate-timolol           |
| COSOPT (PF) OPTHALMIC (EYE)<br>DROPPERETTE 2-0.5 %                       | FE        |                       | dorzolamide-timolol                    |
| COSOPT OPTHALMIC (EYE)<br>DROPS 22.3-6.8 MG/ML                           | FE        |                       | dorzolamide-timolol                    |
| DORZOLAMIDE (PF) OPTHALMIC<br>(EYE) DROPS 2 %                            | NPB       |                       |                                        |
| dorzolamide ophthalmic (eye) drops 2 %                                   | PG        |                       |                                        |
| dorzolamide-timolol (pf) ophthalmic<br>(eye) dropperette 2-0.5 %         | PG        |                       |                                        |
| dorzolamide-timolol ophthalmic (eye)<br>drops 22.3-6.8 mg/ml             | PG        |                       |                                        |
| DURYSTA INTRACAMERAL<br>IMPLANT 10 MCG                                   | FE        |                       | bimatoprost, latanoprost               |

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

| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                         |
|---------------------------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------------------------------|
| IDOSE TR INTRACAMERAL<br>IMPLANT 75 MCG                                               | FE               |                              | bimatoprost, latanoprost                                                                                |
| IYUZEH (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.005 %                                   | FE               |                              | latanoprost                                                                                             |
| latanoprost ophthalmic (eye) drops 0.005<br>%                                         | PG               |                              |                                                                                                         |
| LUMIGAN OPHTHALMIC (EYE)<br>DROPS 0.01 %                                              | FE               |                              | bimatoprost                                                                                             |
| miostat intraocular solution 0.01 %                                                   | PG               |                              |                                                                                                         |
| OMLONTI OPHTHALMIC (EYE)<br>DROPS 0.002 %                                             | FE               |                              | bimatoprost, latanoprost                                                                                |
| RHOPRESSA OPHTHALMIC (EYE)<br>DROPS 0.02 %                                            | NPB              | ST                           | betaxolol hcl, bimatoprost,<br>dorzolamide-timolol,<br>latanoprost, levobunolol hcl,<br>timolol maleate |
| ROCKLATAN OPHTHALMIC (EYE)<br>DROPS 0.02-0.005 %                                      | NPB              | ST                           | betaxolol hcl, bimatoprost,<br>dorzolamide-timolol,<br>latanoprost, levobunolol hcl,<br>timolol maleate |
| SIMBRINZA OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %                                | NPB              |                              | brimonidine tartrate,<br>brinzolamide, dorzolamide-<br>timolol                                          |
| tafluprost (pf) ophthalmic (eye)<br>dropperette 0.0015 %                              | NPG              | ST                           | bimatoprost, latanoprost                                                                                |
| TIMOL-BRIMON-DORZOL-<br>BIMATO(PF) OPHTHALMIC (EYE)<br>DROPS 0.5 %-0.15 %- 2 %-0.01 % | NPB              |                              |                                                                                                         |
| TIMOLOL-BIMATOPROST<br>OPHTHALMIC (EYE) DROPS 0.5-0.01<br>%                           | NPB              |                              |                                                                                                         |
| TIMOLOL-BRIMON-DORZOL-<br>BIMATOP OPHTHALMIC (EYE)<br>DROPS 0.5-0.1-2-0.01 %          | NPB              |                              |                                                                                                         |
| TIMOLOL-BRIMONIDI-<br>DORZOLAM(PF) OPHTHALMIC<br>(EYE) DROPS 0.5-0.15-2 %             | NPB              |                              |                                                                                                         |
| TIMOLOL-BRIMONIDINE-<br>DORZOLAMID OPHTHALMIC (EYE)<br>DROPS 0.5-0.1-2 %              | 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<br>PREFERRED<br>ALTERNATIVES |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %                            | NPB       |                       |                                        |
| TIMOLOL-DORZOLAMIDE-BIMATOPROS OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %                            | NPB       |                       |                                        |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %                                                     | FE        |                       | bimatoprost, latanoprost               |
| travoprost ophthalmic (eye) drops 0.004 %                                                     | NPG       | ST                    | bimatoprost, latanoprost               |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                                        | FE        |                       | bimatoprost, latanoprost               |
| XALATAN OPHTHALMIC (EYE) DROPS 0.005 %                                                        | FE        |                       | latanoprost                            |
| YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 %                                               | FE        |                       |                                        |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %                                            | FE        |                       | bimatoprost, latanoprost               |
| ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE,GEL 0.01 %                                              | FE        |                       |                                        |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                                                        |           |                       |                                        |
| DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML                                 | NPB       |                       |                                        |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %                      | NPB       |                       | neomycin-polymyxin-dexameth            |
| 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        |                       |                                        |

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



| Drug Name                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                      |
|-------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| 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        |                       |                                                                                                             |
| tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %                     | PG        |                       |                                                                                                             |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %                                   | FE        |                       | tobramycin-loteprednol                                                                                      |
| <b>STERIODS</b>                                                                     |           |                       |                                                                                                             |
| ALREX 0.2% EYE DROPS                                                                | FE        |                       | loteprednol etabonate                                                                                       |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %                                       | FE        |                       | azelastine hcl, bepotastine besilate, cromolyn sodium, epinastine hcl, olopatadine hcl                      |
| BYQLOVI OPHTHALMIC (EYE) DROPS,SUSPENSION 0.05 %                                    | FE        |                       |                                                                                                             |
| 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        |                       |                                                                                                             |

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

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                         |
|------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| DUREZOL OPHTHALMIC (EYE)<br>DROPS 0.05 %                   | FE               |                              | difluprednate                                                                                                           |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %        | PB               | QL                           |                                                                                                                         |
| FLAREX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %          | FE               |                              | dexamethasone sodium<br>phosphate, difluprednate,<br>fluorometholone, loteprednol<br>etabonate, prednisolone<br>acetate |
| fluorometholone ophthalmic (eye)<br>drops,suspension 0.1 % | PG               |                              |                                                                                                                         |
| FML FORTE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %      | FE               |                              | dexamethasone sodium<br>phosphate, difluprednate,<br>fluorometholone, loteprednol<br>etabonate, prednisolone<br>acetate |
| FML LIQUIFILM OPHTHALMIC<br>(EYE) DROPS,SUSPENSION 0.1 %   | NPB              | ST                           | fluorometholone                                                                                                         |
| ILUVIEN INTRAVITREAL IMPLANT<br>0.19 MG                    | NPS              | LA                           | OZURDEX                                                                                                                 |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %          | NPB              | ST                           | dexamethasone sodium<br>phosphate, difluprednate,<br>fluorometholone, loteprednol<br>etabonate, prednisolone<br>acetate |
| LOTEMAX OPHTHALMIC (EYE)<br>DROPS,GEL 0.5 %                | NPB              | ST                           | loteprednol etabonate                                                                                                   |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %                 | NPB              | ST                           | dexamethasone sodium<br>phosphate, difluprednate,<br>fluorometholone, loteprednol<br>etabonate, prednisolone<br>acetate |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %            | NPB              | ST                           | dexamethasone sodium<br>phosphate, difluprednate,<br>fluorometholone, loteprednol<br>etabonate, prednisolone<br>acetate |
| loteprednol etabonate ophthalmic (eye)<br>drops,gel 0.5 %  | 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<br>PREFERRED<br>ALTERNATIVES                                                                      |
|------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------------|
| 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                                                                                                     |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>                                |           |                       |                                                                                                             |
| sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %) | PG        |                       |                                                                                                             |
| <b>SULFONAMIDES</b>                                                    |           |                       |                                                                                                             |
| sulfacetamide sodium ophthalmic (eye) drops 10 %                       | PG        |                       |                                                                                                             |
| sulfacetamide sodium ophthalmic (eye) ointment 10 %                    | PG        |                       |                                                                                                             |
| <b>SYMPATHOMIMETICS</b>                                                |           |                       |                                                                                                             |

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

| Drug Name                                                                    | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                        |
|------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------|
| 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                                                                          |
| <b>VASOCONSTRICTOR<br/>DECONGESTANTS</b>                                     |           |                       |                                                                                               |
| 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        |                       |                                                                                               |
| <b>RESPIRATORY, ALLERGY,<br/>COUGH &amp; COLD</b>                            |           |                       |                                                                                               |
| <b>ANTI-HISTAMINE &amp;<br/>ANTI-ALLERGENIC AGENTS</b>                       |           |                       |                                                                                               |
| ADYPHREN AMP II INJECTION KIT 1 MG/ML                                        | FE        |                       |                                                                                               |
| ADYPHREN AMP INJECTION KIT 1 MG/ML                                           | FE        |                       |                                                                                               |
| ADYPHREN II INJECTION KIT 1 MG/ML                                            | FE        |                       |                                                                                               |
| ADYPHREN INJECTION KIT 1 MG/ML                                               | FE        |                       |                                                                                               |
| 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 |

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

| Drug Name                                             | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                           |
|-------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| carbinoxamine maleate oral tablet 4 mg, 6 mg          | PG        |                       |                                                                                                                                  |
| carbzah oral liquid 4 mg/5 ml                         | 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, diphenhydramine, chlorpheniramine |
| clemastine oral tablet 2.68 mg                        | FE        |                       | carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride                                    |
| clemsza oral tablet 2.68 mg                           | FE        |                       | carbinoxamine, cetirizine hcl, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride                                    |
| corphena oral solution 2 mg/5 ml                      | FE        |                       |                                                                                                                                  |
| cyproheptadine oral syrup 2 mg/5 ml                   | PG        |                       |                                                                                                                                  |
| cyproheptadine oral tablet 4 mg                       | PG        |                       |                                                                                                                                  |
| DESLORATADINE ORAL SOLUTION 0.5 MG/ML                 | FE        |                       | desloratadine, cetirizine hcl, levocetirizine dihydrochloride                                                                    |
| 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 tablets and liquids including OTC                                    |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML   | FE        |                       | epinephrine (by Amneal), AUVI-Q, AUVI-Q                                                                                          |
| epinephrine injection auto-injector 0.15 mg/0.3 ml    | PG        | QL                    | epinephrine (by TEVA, Mylan)                                                                                                     |
| epinephrine injection auto-injector 0.3 mg/0.3 ml     | PG        | QL                    | epinephrine (by TEVA, Amneal, Avkare, Mylan)                                                                                     |
| EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML           | NPB       | 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<br>PREFERRED<br>ALTERNATIVES                                                        |
|-------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------|
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML                          | FE        |                       |                                                                                               |
| EPINEPHRINESNAP INJECTION KIT 1 MG/ML                                   | FE        |                       |                                                                                               |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML                               | FE        |                       |                                                                                               |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML                                 | FE        |                       |                                                                                               |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML                            | NPB       | QL                    | epinephrine                                                                                   |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML                        | NPB       | QL                    | epinephrine                                                                                   |
| 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), 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                                                                   |
| RYVENT ORAL TABLET 6 MG                                                 | NPB       |                       | carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride                 |
| <b>COUGH &amp; COLD THERAPY</b>                                         |           |                       |                                                                                               |

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

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                |
|------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------------|
| benzonatate oral capsule 100 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                                                                                |
| DURATUSS AC ORAL LIQUID 1-10 MG/5 ML                                         | NPB              | QL                           |                                                                                                |
| 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 mbr                                                                    |
| 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                           |                                                                                                |
| 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                           |                                                                                                |

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

| Drug Name                                                                                                 | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                         |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------|
| 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 solution 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                    |                                                                                                |
| <b>PULMONARY AGENTS</b>                                                                                   |           |                       |                                                                                                |
| acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)                                                | PG        |                       |                                                                                                |
| 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                                                           |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | PB        | QL                    |                                                                                                |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION                                               | 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<br>PREFERRED<br>ALTERNATIVES                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------|
| 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        |                       |                                                                                                           |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION                                                        | FE        |                       | beclomethasone dipropionate, 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            |                                                                                                           |
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML                                                                    | PS        | PA; 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                    |                                                                                                           |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                             | FE        |                       | beclomethasone dipropionate, ASMANEX, ASMANEX HFA, QVAR REDIHALER                                         |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                 | PB        | QL                    |                                                                                                           |

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

| <b>Drug Name</b>                                                                                                                                                                                               | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------------------------------------------------------------|
| ASMANEX TWISTHALER<br>INHALATION AEROSOL POWDR<br>BREATH ACTIVATED 110 MCG/<br>ACTUATION (30), 220 MCG/<br>ACTUATION (120), 220 MCG/<br>ACTUATION (14), 220 MCG/<br>ACTUATION (30), 220 MCG/<br>ACTUATION (60) | PB               | QL                           |                                                                                          |
| ATROVENT HFA INHALATION HFA<br>AEROSOL INHALER 17<br>MCG/ACTUATION                                                                                                                                             | NPB              | QL                           | ipratropium bromide                                                                      |
| azelastine-fluticasone nasal spray,non-<br>aerosol 137-50 mcg/spray                                                                                                                                            | FE               |                              | azelastine hcl, flunisolide,<br>fluticasone propionate,<br>mometasone furoate,<br>XHANCE |
| beclomethasone dipropionate inhalation<br>aerosol 40 mcg/actuation, 80<br>mcg/actuation                                                                                                                        | PG               |                              |                                                                                          |
| BERINERT INTRAVENOUS KIT 500<br>UNIT (10 ML)                                                                                                                                                                   | FE               |                              | CINRYZE, RUCONEST                                                                        |
| BEVESPI AEROSPHERE<br>INHALATION HFA AEROSOL<br>INHALER 9-4.8 MCG                                                                                                                                              | FE               |                              | ANORO ELLIPTA,<br>STIOLTO RESPIMAT                                                       |
| bosentan oral tablet 125 mg, 62.5 mg                                                                                                                                                                           | PS               | PA; QL; LA                   |                                                                                          |
| bosentan oral tablet for suspension 32<br>mg                                                                                                                                                                   | PS               | PA; QL; LA                   |                                                                                          |
| BREO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 100-25<br>MCG/DOSE, 200-25 MCG/DOSE, 50-<br>25 MCG/DOSE                                                                                                         | PB               | QL                           |                                                                                          |
| breyna inhalation hfa aerosol inhaler<br>160-4.5 mcg/actuation, 80-4.5<br>mcg/actuation                                                                                                                        | PG               | QL                           |                                                                                          |
| BREZTRI AEROSPHERE<br>INHALATION HFA AEROSOL<br>INHALER 160-9-4.8<br>MCG/ACTUATION                                                                                                                             | PB               | QL                           |                                                                                          |
| BRINSUPRI ORAL TABLET 10 MG,<br>25 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<br>PREFERRED<br>ALTERNATIVES                                                   |
|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------|
| BRONCHITOL INHALATION<br>CAPSULE, W/INHALATION DEVICE<br>40 MG                                                 | NPS       | LA                    | nebusal, pulmosal, sodium<br>chloride                                                    |
| BROVANA INHALATION<br>SOLUTION FOR NEBULIZATION 15<br>MCG/2 ML                                                 | NPB       | QL                    | arformoterol tartrate                                                                    |
| budesonide inhalation suspension for<br>nebulization 0.25 mg/2 ml, 0.5 mg/2 ml,<br>1 mg/2 ml                   | PG        | QL                    |                                                                                          |
| budesonide-formoterol inhalation hfa<br>aerosol inhaler 160-4.5 mcg/actuation,<br>80-4.5 mcg/actuation         | PG        | QL                    |                                                                                          |
| CINQAIR INTRAVENOUS<br>SOLUTION 10 MG/ML                                                                       | FE        |                       | DUPIXENT, FASENRA,<br>NUCALA                                                             |
| CINRYZE INTRAVENOUS RECON<br>SOLN 500 UNIT (5 ML)                                                              | PS        | PA; QL; LA            |                                                                                          |
| COMBIVENT RESPIMAT<br>INHALATION MIST 20-100<br>MCG/ACTUATION                                                  | PB        | QL                    |                                                                                          |
| cromolyn inhalation solution for<br>nebulization 20 mg/2 ml                                                    | PG        |                       |                                                                                          |
| DALIRESP ORAL TABLET 250 MCG,<br>500 MCG                                                                       | FE        |                       | roflumilast                                                                              |
| DAWNZERA SUBCUTANEOUS<br>AUTO-INJECTOR 80 MG/0.8 ML                                                            | FE        |                       | ANDEMBRY<br>AUTOINJECTOR,<br>HAEGARDA, TAKHZYRO                                          |
| DUAKLIR PRESSAIR INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 400-12<br>MCG/ACTUATION                       | FE        |                       | ANORO ELLIPTA,<br>STIOLTO RESPIMAT                                                       |
| DULERA INHALATION HFA<br>AEROSOL INHALER 100-5<br>MCG/ACTUATION, 200-5<br>MCG/ACTUATION, 50-5<br>MCG/ACTUATION | PB        | QL                    |                                                                                          |
| DYMISTA NASAL SPRAY, NON-<br>AEROSOL 137-50 MCG/SPRAY                                                          | FE        |                       | azelastine hcl, flunisolide,<br>fluticasone propionate,<br>mometasone furoate,<br>XHANCE |

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

| <b>Drug Name</b>                                                                                                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                                             |
|--------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| EKTERLY ORAL TABLET 300 MG                                                                                               | FE               |                              | icatibant, sajazir                                                                                                          |
| ESBRIET ORAL TABLET 267 MG,<br>801 MG                                                                                    | FE               |                              | pirfenidone                                                                                                                 |
| EXDENSUR SUBCUTANEOUS<br>SYRINGE 100 MG/ML                                                                               | FE               |                              | DUPIXENT, FASENRA,<br>NUCALA                                                                                                |
| FASENRA PEN SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/ML                                                                       | PS               | PA; QL; LA                   |                                                                                                                             |
| FASENRA SUBCUTANEOUS<br>SYRINGE 10 MG/0.5 ML, 30 MG/ML                                                                   | PS               | PA; QL; LA                   |                                                                                                                             |
| FIRAZYR SUBCUTANEOUS<br>SYRINGE 30 MG/3 ML                                                                               | FE               |                              | icatibant                                                                                                                   |
| flunisolide nasal spray,non-aerosol 25<br>mcg (0.025 %)                                                                  | PG               | ST; QL                       |                                                                                                                             |
| FLUTICASONE FUROATE<br>INHALATION BLISTER WITH<br>DEVICE 100 MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION    | FE               |                              | beclomethasone dipropionate,<br>ASMANEX, ASMANEX<br>HFA, QVAR REDIHALER                                                     |
| FLUTICASONE FUROATE-<br>VILANTEROL INHALATION<br>BLISTER WITH DEVICE 100-25<br>MCG/DOSE, 200-25 MCG/DOSE                 | FE               |                              | breyna, budesonide-<br>formoterol fumarate,<br>fluticasone-salmeterol, wixela<br>inhub, ADVAIR HFA, BREO<br>ELLIPTA, DULERA |
| FLUTICASONE PROPIONATE<br>INHALATION BLISTER WITH<br>DEVICE 100 MCG/ACTUATION, 250<br>MCG/ACTUATION, 50<br>MCG/ACTUATION | FE               |                              | beclomethasone dipropionate,<br>ASMANEX, ASMANEX<br>HFA, QVAR REDIHALER                                                     |
| FLUTICASONE PROPIONATE<br>INHALATION HFA AEROSOL<br>INHALER 110 MCG/ACTUATION,<br>220 MCG/ACTUATION                      | FE               |                              | beclomethasone dipropionate,<br>ASMANEX, ASMANEX<br>HFA, QVAR REDIHALER                                                     |
| fluticasone propionate inhalation hfa<br>aerosol inhaler 44 mcg/actuation                                                | PG               | QL                           |                                                                                                                             |
| fluticasone propionate nasal<br>spray,suspension 50 mcg/actuation                                                        | PG               | QL                           |                                                                                                                             |

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

| Drug Name                                                                                                                                                   | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------|
| FLUTICASONE PROPION-<br>SALMETEROL INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 113-14<br>MCG/ACTUATION, 232-14<br>MCG/ACTUATION, 55-14<br>MCG/ACTUATION | FE        |                       | breyna, budesonide-<br>formoterol fumarate,<br>fluticasone-salmeterol, wixela<br>inhub, ADVAIR HFA, BREO<br>ELLIPTA, DULERA |
| fluticasone propion-salmeterol inhalation<br>blister with device 100-50 mcg/dose,<br>250-50 mcg/dose, 500-50 mcg/dose                                       | PG        | ST; QL                |                                                                                                                             |
| FLUTICASONE PROPION-<br>SALMETEROL INHALATION HFA<br>AEROSOL INHALER 115-21<br>MCG/ACTUATION, 230-21<br>MCG/ACTUATION, 45-21<br>MCG/ACTUATION               | FE        |                       | breyna, budesonide-<br>formoterol fumarate,<br>fluticasone-salmeterol, wixela<br>inhub, ADVAIR HFA, BREO<br>ELLIPTA, DULERA |
| formoterol fumarate inhalation solution<br>for nebulization 20 mcg/2 ml                                                                                     | PG        | QL                    |                                                                                                                             |
| HAEGARDA SUBCUTANEOUS<br>RECON SOLN 2,000 UNIT, 3,000<br>UNIT                                                                                               | PS        | PA; QL; LA            |                                                                                                                             |
| HYPER-SAL INHALATION<br>SOLUTION FOR NEBULIZATION 3.5<br>%, 7 %                                                                                             | NPB       |                       | sodium chloride                                                                                                             |
| icatibant subcutaneous syringe 30 mg/3<br>ml                                                                                                                | PS        | PA; QL                |                                                                                                                             |
| INCRUSE ELLIPTA INHALATION<br>BLISTER WITH DEVICE 62.5<br>MCG/ACTUATION                                                                                     | PB        | QL                    |                                                                                                                             |
| ipratropium bromide inhalation hfa<br>aerosol inhaler 17 mcg/actuation                                                                                      | PG        | QL                    |                                                                                                                             |
| ipratropium bromide inhalation solution<br>0.02 %                                                                                                           | PG        |                       |                                                                                                                             |
| ipratropium-albuterol inhalation solution<br>for nebulization 0.5 mg-3 mg(2.5 mg<br>base)/3 ml                                                              | PG        | QL                    |                                                                                                                             |
| JASCAYD ORAL TABLET 18 MG, 9<br>MG                                                                                                                          | PS        | PA; LA                |                                                                                                                             |
| KALBITOR SUBCUTANEOUS<br>SOLUTION 10 MG/ML (1 ML)                                                                                                           | NPS       | PA; QL; LA            | icatibant                                                                                                                   |

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

| Drug Name                                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                    |
|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------------------------|
| 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) |
| 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       |                       |                                                                                                           |
| nintedanib oral capsule 100 mg, 150 mg                                                                         | PS        | PA; QL; LA            |                                                                                                           |
| 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                                                                               | NPS       | PA; QL; LA            | nintedanib esylate                                                                                        |

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                                                                 |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------------------------------------------|
| OHTUVAYRE INHALATION<br>SUSPENSION FOR NEBULIZATION<br>3 MG/2.5 ML                                            | FE        |                       | ANORO ELLIPTA,<br>STIOLTO RESPIMAT,<br>SPIRIVA RESPIMAT,<br>STRIVERDI RESPIMAT,<br>ADVAIR HFA, BREO<br>ELLIPTA, DULERA |
| OMNARIS NASAL SPRAY, NON-<br>AEROSOL 50 MCG                                                                   | FE        |                       | flunisolide, fluticasone<br>propionate, mometasone<br>furoate                                                          |
| OPSUMIT ORAL TABLET 10 MG                                                                                     | PS        | PA; QL; LA            |                                                                                                                        |
| OPSYNVI ORAL TABLET 10-20 MG,<br>10-40 MG                                                                     | PS        | PA; QL; LA            |                                                                                                                        |
| ORKAMBI ORAL GRANULES IN<br>PACKET 100-125 MG, 150-188 MG,<br>75-94 MG                                        | PS        | PA; QL; LA            |                                                                                                                        |
| ORKAMBI ORAL TABLET 100-125<br>MG, 200-125 MG                                                                 | PS        | PA; QL; LA            |                                                                                                                        |
| ORLADEYO ORAL CAPSULE 110<br>MG, 150 MG                                                                       | NPS       | PA; QL                | HAEGARDA, TAKHZYRO                                                                                                     |
| ORLADEYO ORAL PELLETS IN<br>PACKET 108 MG, 132 MG, 72 MG, 96<br>MG                                            | NPS       | PA; QL                | HAEGARDA, TAKHZYRO                                                                                                     |
| PERFOROMIST INHALATION<br>SOLUTION FOR NEBULIZATION 20<br>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<br>MG                                                                             | FE        |                       | nintedanib esylate,<br>pirfenidone, JASCAYD                                                                            |
| PROAIR RESPICLICK INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 90 MCG/ACTUATION                            | FE        |                       | albuterol sulfate hfa (by<br>Bryant Ranch, Cipla, Civica,<br>Lupin, Par, Perrigo, Proficient<br>Rx, Sandoz & Teva)     |
| PULMICORT FLEXHALER<br>INHALATION AEROSOL POWDR<br>BREATH ACTIVATED 180<br>MCG/ACTUATION, 90<br>MCG/ACTUATION | FE        |                       | beclomethasone dipropionate,<br>ASMANEX, ASMANEX<br>HFA, QVAR REDHALER                                                 |

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

| <b>Drug Name</b>                                                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                           |
|----------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------------|
| PULMICORT INHALATION<br>SUSPENSION FOR NEBULIZATION<br>0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2<br>ML     | FE               |                              | budesonide                                                                                                |
| pulmosal inhalation solution for<br>nebulization 7 %                                               | PG               |                              |                                                                                                           |
| PULMOZYME INHALATION<br>SOLUTION 1 MG/ML                                                           | PS               | PA; LA                       |                                                                                                           |
| QNASL NASAL HFA AEROSOL<br>INHALER 40 MCG/ACTUATION, 80<br>MCG/ACTUATION                           | FE               |                              | flunisolide, fluticasone<br>propionate, mometasone<br>furoate                                             |
| QVAR REDIHALER INHALATION<br>HFA AEROSOL BREATH<br>ACTIVATED 40 MCG/ACTUATION,<br>80 MCG/ACTUATION | PB               | QL                           |                                                                                                           |
| REVATIO INTRAVENOUS<br>SOLUTION 10 MG/12.5 ML                                                      | NPS              | 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                           |                                                                                                           |
| RUCONEST INTRAVENOUS RECON<br>SOLN 2,100 UNIT                                                      | PS               | PA; QL; LA                   |                                                                                                           |
| RYALTRIS NASAL SPRAY, NON-<br>AEROSOL 665-25 MCG/SPRAY                                             | NPB              | ST; QL                       | azelastine hcl, flunisolide,<br>fluticasone propionate,<br>mometasone furoate,<br>olopatadine hcl, XHANCE |
| sajazir subcutaneous syringe 30 mg/3 ml                                                            | PS               | PA; QL; LA                   |                                                                                                           |
| SEREVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 50<br>MCG/DOSE                                   | FE               |                              | STRIVERDI RESPIMAT                                                                                        |
| sildenafil (pulm.hypertension)<br>intravenous solution 10 mg/12.5 ml                               | PS               | LA                           |                                                                                                           |
| sildenafil (pulm.hypertension) oral<br>suspension for reconstitution 10 mg/ml                      | PS               | PA; QL; LA                   |                                                                                                           |
| sildenafil (pulm.hypertension) oral tablet<br>20 mg                                                | PS               | PA; QL; LA                   |                                                                                                           |
| SINGULAIR ORAL TABLET 10 MG                                                                        | FE               |                              | montelukast sodium                                                                                        |

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



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

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

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

| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                                           |
|-----------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------------------------------------|
| 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 INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION                                | FE               |                              | tiotropium bromide, INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                     |
| UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                  | FE               |                              | ANORO ELLIPTA, STIOLTO RESPIMAT                                                                           |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION                                  | FE               |                              | albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)                | 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) |

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

| Drug Name                                                                                  | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES |
|--------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| YUPELRI INHALATION SOLUTION<br>FOR NEBULIZATION 175 MCG/3 ML                               | PB        | QL                    |                                        |
| YUTREPIA INHALATION CAPSULE,<br>W/INHALATION DEVICE 106 MCG,<br>26.5 MCG, 53 MCG, 79.5 MCG | PS        | PA; LA                |                                        |
| zafirlukast oral tablet 10 mg, 20 mg                                                       | PG        |                       |                                        |
| zileuton oral tablet, er multiphase 12 hr<br>600 mg                                        | FE        |                       | montelukast sodium,<br>zafirlukast     |

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

|                                                                             |     |        |                                                                                                                                               |
|-----------------------------------------------------------------------------|-----|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| darifenacin oral tablet extended release<br>24 hr 15 mg, 7.5 mg             | PG  |        |                                                                                                                                               |
| fesoterodine oral tablet extended release<br>24 hr 4 mg, 8 mg               | PG  |        |                                                                                                                                               |
| flavoxate oral tablet 100 mg                                                | PG  |        |                                                                                                                                               |
| GEMTESA ORAL TABLET 75 MG                                                   | NPB |        | mirabegron er, MYRBETRIQ                                                                                                                      |
| mirabegron oral tablet extended release<br>24 hr 25 mg, 50 mg               | PG  |        |                                                                                                                                               |
| MYRBETRIQ ORAL<br>SUSPENSION,EXTENDED REL<br>RECON 8 MG/ML                  | PB  |        |                                                                                                                                               |
| MYRBETRIQ ORAL TABLET<br>EXTENDED RELEASE 24 HR 25 MG,<br>50 MG             | PB  |        |                                                                                                                                               |
| oxybutynin chloride oral syrup 5 mg/5<br>ml                                 | PG  |        |                                                                                                                                               |
| OXYBUTYNIN CHLORIDE ORAL<br>TABLET 2.5 MG                                   | FE  |        | oxybutynin chloride                                                                                                                           |
| oxybutynin chloride oral tablet 5 mg                                        | PG  |        |                                                                                                                                               |
| oxybutynin chloride oral tablet extended<br>release 24hr 10 mg, 15 mg, 5 mg | PG  |        |                                                                                                                                               |
| OXYTROL TRANSDERMAL PATCH<br>SEMIWEEKLY 3.9 MG/24 HR                        | NPB | ST; QL | fesoterodine fumarate er,<br>oxybutynin chloride er,<br>solifenacin succinate,<br>tolterodine tartrate er,<br>trospium chloride,<br>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<br>PREFERRED<br>ALTERNATIVES |
|------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------|
| solifenacin oral tablet 10 mg, 5 mg                                    | PG        |                       |                                        |
| tolterodine oral capsule,extended release<br>24hr 2 mg, 4 mg           | PG        |                       |                                        |
| tolterodine oral tablet 1 mg, 2 mg                                     | PG        |                       |                                        |
| TOVIAZ ORAL TABLET EXTENDED<br>RELEASE 24 HR 4 MG, 8 MG                | FE        |                       | fesoterodine fumarate er               |
| tropium oral capsule,extended release<br>24hr 60 mg                    | PG        |                       |                                        |
| tropium oral tablet 20 mg                                              | PG        |                       |                                        |
| VESICARE ORAL TABLET 10 MG, 5<br>MG                                    | FE        |                       | solifenacin succinate                  |
| <b>BENIGN PROSTATIC<br/>HYPERPLASIA (BPH)<br/>THERAPY</b>              |           |                       |                                        |
| alfuzosin oral tablet extended release 24<br>hr 10 mg                  | PG        |                       |                                        |
| AVODART ORAL CAPSULE 0.5 MG                                            | FE        |                       | dutasteride                            |
| CIALIS ORAL TABLET 10 MG, 20<br>MG, 5 MG                               | FE        | I                     |                                        |
| dutasteride oral capsule 0.5 mg                                        | PG        | ST                    |                                        |
| dutasteride-tamsulosin oral capsule, er<br>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        |                       |                                        |
| JALYN ORAL CAPSULE, ER<br>MULTIPHASE 24 HR 0.5-0.4 MG                  | NPB       | ST                    | dutasteride-tamsulosin                 |
| PROSCAR ORAL TABLET 5 MG                                               | NPB       | ST                    | finasteride                            |
| silodosin oral capsule 4 mg, 8 mg                                      | PG        |                       |                                        |
| tadalafil oral tablet 10 mg, 2.5 mg, 20<br>mg, 5 mg                    | PG        | PA; QL; I             |                                        |
| tamsulosin oral capsule 0.4 mg                                         | PG        |                       |                                        |
| UROXATRAL ORAL TABLET<br>EXTENDED RELEASE 24 HR 10 MG                  | FE        |                       | alfuzosin hcl er                       |
| <b>CHOLINERGIC STIMULANTS</b>                                          |           |                       |                                        |
| bethanechol chloride oral tablet 10 mg,<br>25 mg, 5 mg, 50 mg          | PG        |                       |                                        |

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

| Drug Name                                                                                      | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES  |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------|
| <b>MISCELLANEOUS<br/>UROLOGICALS</b>                                                           |           |                       |                                         |
| CAVERJECT IMPULSE<br>INTRACAVERNOSAL KIT 10 MCG,<br>20 MCG                                     | PB        | PA; QL; I             |                                         |
| CAVERJECT INTRACAVERNOSAL<br>RECON SOLN 20 MCG, 40 MCG                                         | PB        | PA; QL; I             |                                         |
| CAVERJECT INTRACAVERNOSAL<br>SYRINGE 10 MCG, 20 MCG                                            | PB        | PA; QL; I             |                                         |
| CYSTAGON ORAL CAPSULE 150<br>MG, 50 MG                                                         | PS        |                       |                                         |
| EDEX INTRACAVERNOSAL KIT 10<br>MCG, 20 MCG, 40 MCG                                             | NPB       | PA; QL; I             | CAVERJECT, CAVERJECT                    |
| ELMIRON ORAL CAPSULE 100 MG                                                                    | PB        |                       |                                         |
| IFE-BIMIX 30/1<br>INTRACAVERNOSAL SOLUTION 30<br>MG- 1 MG/ML                                   | NPB       | I                     |                                         |
| K-PHOS NO 2 ORAL TABLET 305-<br>700 MG                                                         | NPB       |                       | phospha 250 neutral, K-PHOS<br>ORIGINAL |
| K-PHOS ORIGINAL ORAL<br>TABLET,SOLUBLE 500 MG                                                  | PB        |                       |                                         |
| mb caps oral capsule 120-10.8-40.8 mg                                                          | PG        |                       |                                         |
| methen-sod phos-meth blue-hyos oral<br>tablet 81.6-40.8-0.12 mg                                | PG        |                       |                                         |
| ORACIT ORAL SOLUTION 490-640<br>MG/5 ML                                                        | NPB       |                       | oral citrate                            |
| OXLUMO SUBCUTANEOUS<br>SOLUTION 94.5 MG/0.5 ML                                                 | NPS       | PA                    |                                         |
| potassium citrate oral tablet extended<br>release 10 meq (1,080 mg), 15 meq, 5<br>meq (540 mg) | PG        |                       |                                         |
| PROCYSBI ORAL CAPSULE,<br>DELAYED REL SPRINKLE 25 MG, 75<br>MG                                 | FE        |                       | CYSTAGON                                |
| PROCYSBI ORAL GRANULES DEL<br>RELEASE IN PACKET 300 MG, 75<br>MG                               | FE        |                       | CYSTAGON                                |

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

| <b>Drug Name</b>                                                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|--------------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| RENACIDIN IRRIGATION<br>SOLUTION 1980.6 MG-59.4 MG-<br>980.4MG/30ML                  | PB               |                              |                                                 |
| RIVFLOZA SUBCUTANEOUS<br>SOLUTION 80 MG/0.5 ML (160<br>MG/ML)                        | FE               |                              |                                                 |
| RIVFLOZA SUBCUTANEOUS<br>SYRINGE 128 MG/0.8 ML, 160<br>MG/ML                         | FE               |                              |                                                 |
| sildenafil oral tablet 100 mg, 25 mg, 50<br>mg                                       | PG               | PA; QL; I                    |                                                 |
| sodium citrate-citric acid oral solution<br>490-640 mg/5 ml                          | PG               |                              |                                                 |
| TRI-MIX (PAPAVRN-PHNTLMN-<br>PGE1) INTRACAVERNOSAL RECON<br>SOLN 150 MG-5 MG- 50 MCG | NPB              | I                            |                                                 |
| URELLE ORAL TABLET 81-10.8-40.8<br>MG                                                | NPB              |                              | mb caps, uro-mp                                 |
| uretron d-s oral tablet 81.6-10.8-40.8 mg                                            | PG               |                              |                                                 |
| URIBEL TABS ORAL TABLET 81.6-<br>0.12-10.8 MG                                        | NPB              |                              |                                                 |
| URIMAR-T ORAL CAPSULE 120-<br>10.8-40.8 MG                                           | FE               |                              | mb caps, uro-mp                                 |
| urimar-t oral tablet 120-10.8-0.12 mg                                                | PG               |                              |                                                 |
| URNEVA ORAL CAPSULE 120-10.8-<br>40.8 MG                                             | FE               |                              | mb caps, uro-mp                                 |
| UROCIT-K 10 ORAL TABLET<br>EXTENDED RELEASE 10 MEQ (1,080<br>MG)                     | NPB              |                              | potassium citrate er                            |
| UROCIT-K 15 ORAL TABLET<br>EXTENDED RELEASE 15 MEQ                                   | NPB              |                              | potassium citrate er                            |
| urogesic-blue oral tablet 81.6-40.8-0.12<br>mg                                       | PG               |                              |                                                 |
| uro-mp oral capsule 118-10-40.8-36 mg                                                | PG               |                              |                                                 |
| UROQID-ACID NO.2 ORAL TABLET<br>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               |                              |                                                 |

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

| Drug Name                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                  |
|--------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------|
| vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg      | PG        | PA; QL; I             |                                                         |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG                | FE        | I                     | sildenafil citrate                                      |
| VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG         | FE        | I                     | avanafil, sildenafil citrate, tadalafil, vardenafil hcl |
| <b>URINARY ANESTHETICS</b>                             |           |                       |                                                         |
| phenazopyridine oral tablet 100 mg, 200 mg             | PG        |                       |                                                         |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG                    | FE        |                       | phenazopyridine hcl                                     |
| <b>VITAMINS, HEMATINICS<br/>&amp; ELECTROLYTES</b>     |           |                       |                                                         |
| <b>ELECTROLYTES</b>                                    |           |                       |                                                         |
| 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                 | PG        |                       |                                                         |
| 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       |                       |                                                         |
| kionex oral suspension 15 gram/60 ml                   | PG        |                       |                                                         |
| klor-con 10 oral tablet extended release 10 meq        | PG        |                       |                                                         |
| klor-con 8 oral tablet extended release 8 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.



| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b> |
|-----------------------------------------------------------------------------------|------------------|------------------------------|-------------------------------------------------|
| klor-con m10 oral tablet,er<br>particles/crystals 10 meq                          | PG               |                              |                                                 |
| klor-con m15 oral tablet,er<br>particles/crystals 15 meq                          | PG               |                              |                                                 |
| klor-con m20 oral tablet,er<br>particles/crystals 20 meq                          | PG               |                              |                                                 |
| klor-con oral packet 20 meq                                                       | PG               |                              |                                                 |
| lanthanum oral tablet,chewable 1,000<br>mg, 500 mg, 750 mg                        | PG               |                              |                                                 |
| LOKELMA ORAL POWDER IN<br>PACKET 10 GRAM, 5 GRAM                                  | PB               |                              |                                                 |
| lugols oral solution 5 %                                                          | PG               |                              |                                                 |
| POKONZA ORAL LIQUID 10 MEQ/15<br>ML                                               | FE               |                              | potassium chloride                              |
| POKONZA ORAL PACKET 10 MEQ,<br>15 MEQ                                             | FE               |                              | potassium chloride                              |
| potassium chloride oral capsule,<br>extended release 10 meq, 8 meq                | PG               |                              |                                                 |
| potassium chloride oral liquid 20 meq/15<br>ml, 40 meq/15 ml                      | PG               |                              |                                                 |
| potassium chloride oral packet 20 meq                                             | PG               |                              |                                                 |
| POTASSIUM CHLORIDE ORAL<br>PACKET 40 MEQ                                          | FE               |                              | potassium chloride                              |
| potassium chloride oral tablet extended<br>release 10 meq, 20 meq, 8 meq          | PG               |                              |                                                 |
| POTASSIUM CHLORIDE ORAL<br>TABLET EXTENDED RELEASE 15<br>MEQ                      | NPB              |                              |                                                 |
| potassium chloride oral tablet,er<br>particles/crystals 10 meq, 15 meq, 20<br>meq | PG               |                              |                                                 |
| RENVELA ORAL POWDER IN<br>PACKET 0.8 GRAM, 2.4 GRAM                               | NPB              |                              |                                                 |
| RENVELA ORAL TABLET 800 MG                                                        | NPB              |                              |                                                 |
| sevelamer carbonate oral powder in<br>packet 0.8 gram, 2.4 gram                   | PG               |                              |                                                 |
| sevelamer carbonate oral tablet 800 mg                                            | PG               |                              |                                                 |

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

| Drug Name                                                                              | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                          |
|----------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------|
| sevelamer hcl oral tablet 400 mg, 800 mg                                               | PG        |                       |                                                                                 |
| sodium polystyrene sulfonate oral powder 15 gram                                       | PG        |                       |                                                                                 |
| sodium polystyrene sulfonate oral suspension 15 gram/60 ml                             | PG        |                       |                                                                                 |
| sps (with sorbitol) oral suspension 15-20 gram/60 ml                                   | PG        |                       |                                                                                 |
| sps (with sorbitol) rectal enema 30-40 gram/120 ml                                     | PG        |                       |                                                                                 |
| strong iodine oral solution 5 %                                                        | PG        |                       |                                                                                 |
| VELPHORO ORAL<br>TABLET,CHEWABLE 500 MG                                                | FE        |                       |                                                                                 |
| VELTASSA ORAL POWDER IN<br>PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM                          | PB        |                       |                                                                                 |
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                                       | FE        |                       |                                                                                 |
| <b>MISCELLANEOUS VITAMINS,<br/>HEMATINICS, &amp;<br/>ELECTROLYTES</b>                  |           |                       |                                                                                 |
| AQNEURSA ORAL GRANULES IN<br>PACKET 1 GRAM                                             | PS        | PA                    |                                                                                 |
| DOJOLVI ORAL LIQUID 8.3<br>KCAL/ML                                                     | NPS       | PA; LA                |                                                                                 |
| <b>VITAMINS &amp; HEMATINICS</b>                                                       |           |                       |                                                                                 |
| AZESCO ORAL TABLET 13 MG<br>IRON- 1 MG                                                 | FE        |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| b complex 1 (with folic acid) oral tablet<br>0.4 mg                                    | PG        | ACA                   |                                                                                 |
| b complex-vitamin c-folic acid oral<br>tablet 400 mcg                                  | PG        | ACA                   |                                                                                 |
| BAL-CARE DHA ESSENTIAL ORAL<br>COMBO PACK,TABLET AND<br>CAP,DR 27 MG IRON-1 MG -374 MG | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| bal-care dha oral combo pack,tablet and<br>cap,dr 27-1-430 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.

| <b>Drug Name</b>                                                                                                                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------|
| b-complex with vitamin c oral tablet<br>400-500 mcg-mg                                                                                      | PG               | ACA                          |                                                                             |
| cholecalciferol (vitamin d3) oral capsule<br>25 mcg (1,000 unit)                                                                            | PG               |                              |                                                                             |
| cholecalciferol (vitamin d3) oral tablet<br>25 mcg (1,000 unit)                                                                             | PG               |                              |                                                                             |
| classic prenatal oral tablet 28 mg iron-<br>800 mcg                                                                                         | PG               | ACA                          |                                                                             |
| complete natal dha oral combo pack 29<br>mg iron- 1 mg-200 mg                                                                               | PG               |                              |                                                                             |
| DERMACINRX PRENATRIX ORAL<br>TABLET 27 MG IRON- 1 MG                                                                                        | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| DERMACINRX PRENATRYL ORAL<br>TABLET 27 MG IRON- 1 MG                                                                                        | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| DERMACINRX PRETRATE ORAL<br>TABLET 27 MG IRON- 1 MG                                                                                         | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| dialyvite 800 oral tablet 0.8 mg                                                                                                            | PG               | ACA                          |                                                                             |
| embriva oral tablet 13 mg iron- 1 mg                                                                                                        | FE               |                              |                                                                             |
| flotrex oral tablet,chewable 0.25 mg, 0.5<br>mg, 1 mg                                                                                       | PG               | ACA                          |                                                                             |
| fluoride (sodium) oral drops 0.5 mg (1.1<br>mg sod.fluorid)/ml                                                                              | PG               | ACA                          |                                                                             |
| fluoride (sodium) oral tablet,chewable<br>0.25 mg(0.55 mg sod. fluoride), 0.5 mg<br>(1.1 mg sodium fluorid), 1 mg (2.2 mg<br>sod. fluoride) | PG               | ACA                          |                                                                             |
| FOLATEXCEL ORAL TABLET 20<br>MG IRON- 1,670 MCG DFE                                                                                         | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| folic acid oral tablet 400 mcg, 800 mcg                                                                                                     | PG               | ACA                          |                                                                             |
| folitab oral tablet extended release 105<br>mg iron- 500 mg-800 mcg                                                                         | PG               | ACA                          |                                                                             |
| foltabs 800 oral tablet 0.8-10-115 mg-<br>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.

| <b>Drug Name</b>                                                                                                                 | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                             |
|----------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------------------------------------------|
| full spectrum b-vitamin c oral tablet 0.8 mg                                                                                     | PG               | ACA                          |                                                                             |
| gestyra oral tablet 13 mg iron- 1 mg                                                                                             | FE               |                              |                                                                             |
| kobee oral tablet 0.4 mg                                                                                                         | PG               | ACA                          |                                                                             |
| KOSHER PRENATAL PLUS IRON<br>ORAL TABLET 30 MG IRON- 1 MG                                                                        | NPB              |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride) | PG               | ACA                          |                                                                             |
| MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG                                                                                          | NPB              |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| MATERNACEL ORAL TABLET 20 MG IRON- 1,670 MCG DFE                                                                                 | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG                                                                                       | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus |
| MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG                                                                                       | FE               |                              |                                                                             |
| 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                          |                                                                             |
| multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride                                                               | 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               |                              |                                                                             |
| NEOMATERNA ORAL TABLET 20 MG IRON- 1,670 MCG DFE                                                                                 | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>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.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> | <b>SUGGESTED<br/>PREFERRED<br/>ALTERNATIVES</b>                                 |
|---------------------------------------------------------------------|------------------|------------------------------|---------------------------------------------------------------------------------|
| neo-vital rx oral tablet 27 mg iron- 1 mg                           | PG               |                              |                                                                                 |
| NESTABS ABC ORAL COMBO<br>PACK 32 MG IRON-1 MG -120 MG-<br>180 MG   | NPB              |                              | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| NESTABS DHA ORAL COMBO<br>PACK 32 MG IRON- 1,000 MCG-<br>230MG      | NPB              |                              | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| NESTABS ORAL TABLET 32-1,000<br>MG-MCG                              | NPB              |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| newgen oral tablet 32-1,000 mg-mcg                                  | PG               |                              |                                                                                 |
| OB COMPLETE ONE ORAL<br>CAPSULE 40-10-1-300 MG                      | NPB              |                              | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| OB COMPLETE PETITE ORAL<br>CAPSULE 35 MG IRON-5 MG IRON-1<br>MG     | NPB              |                              | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| OB COMPLETE PREMIER ORAL<br>TABLET 30-20-1 MG                       | NPB              |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| OB COMPLETE WITH DHA ORAL<br>CAPSULE 30 MG IRON-10 MG IRON-<br>1 MG | NPB              |                              | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| one natal rx oral tablet 27 mg iron- 1 mg                           | PG               |                              |                                                                                 |
| PNV TABS 20-1 ORAL TABLET 20<br>MG IRON- 1 MG                       | FE               |                              | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| pnv-select oral tablet 27-1 mg                                      | PG               |                              |                                                                                 |
| pr natal 400 ec oral combo pack,tablet<br>and cap,dr 29-1-400 mg    | PG               |                              |                                                                                 |
| pr natal 400 oral combo pack 29-1-400<br>mg                         | PG               |                              |                                                                                 |
| pr natal 430 ec oral combo pack,tablet<br>and cap,dr 29-1-430 mg    | PG               |                              |                                                                                 |
| pr natal 430 oral combo pack 29 mg<br>iron-1 mg -430 mg             | PG               |                              |                                                                                 |
| PREGEN DHA ORAL CAPSULE 28<br>MG-1,000MCG- 35 MG-200 MG             | FE               |                              | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |

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

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

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

| Drug Name                                                          | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                          |
|--------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------|
| PRENATE ELITE (IRON ASP GLYC)<br>ORAL TABLET 20 MG IRON- 1 MG      | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| PRENATE ENHANCE ORAL<br>CAPSULE 28 MG IRON- 1 MG-400<br>MG         | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| PRENATE MINI (FERR ASP<br>GLYCIN) ORAL CAPSULE 18-1-350<br>MG      | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| PRENATE PIXIE ORAL CAPSULE 10<br>MG IRON- 1 MG-200 MG              | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| PRENATE RESTORE ORAL<br>CAPSULE 27 MG IRON- 1 MG-400<br>MG         | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| PRENATE STAR ORAL TABLET 20<br>MG IRON- 1 MG                       | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| PROVIDA OB ORAL CAPSULE 40<br>MG IRON- 1.25 MG                     | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| purevita folic acid oral tablet 400 mcg                            | PG        | ACA                   |                                                                                 |
| rena-vite oral tablet 0.8 mg                                       | PG        | ACA                   |                                                                                 |
| R-NATAL OB ORAL CAPSULE 20<br>MG IRON- 1 MG-320 MG                 | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| SELECT-OB (FOLIC ACID) ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| SELECT-OB + DHA ORAL COMBO<br>PACK 29 MG IRON-1 MG -250 MG         | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| SELECT-OB ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG              | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| se-natal 19 chewable oral<br>tablet,chewable 29 mg iron- 1 mg      | PG        |                       |                                                                                 |
| se-natal 19 oral tablet 29 mg iron- 1 mg                           | PG        |                       |                                                                                 |

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

| Drug Name                                                                                           | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                          |
|-----------------------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------|
| soluvita a,c,d with fluoride oral drops<br>0.25 mg fluor. (0.55 mg)/ml                              | PG        | ACA                   |                                                                                 |
| stress formula with iron(sulf) oral tablet<br>500 mg-400 mcg- 27 mg iron                            | PG        | ACA                   |                                                                                 |
| super b-50 complex oral capsule 400<br>mcg-20 mg- 50 mg                                             | PG        | ACA                   |                                                                                 |
| super quints oral tablet 0.4 mg                                                                     | PG        | ACA                   |                                                                                 |
| THRIVITE RX ORAL TABLET 29 MG<br>IRON- 1 MG                                                         | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| TRICARE ORAL TABLET 27 MG<br>IRON- 1 MG                                                             | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>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<br>MG IRON- 1 MG-200 MG                                                | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| tri-vitamin with fluoride oral drops 0.25<br>mg fluor. (0.55 mg)/ml, 0.5 mg fluoride<br>(1.1 mg)/ml | PG        | ACA                   |                                                                                 |
| VITAFOL FE PLUS ORAL CAPSULE<br>90 MG IRON- 1 MG-200 MG                                             | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| VITAFOL GUMMIES ORAL<br>TABLET,CHEWABLE 3.33 MG IRON-<br>0.33 MG                                    | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| VITAFOL ULTRA ORAL CAPSULE<br>29 MG IRON- 1 MG-200 MG                                               | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |
| VITAFOL-OB ORAL TABLET 65-1<br>MG                                                                   | NPB       |                       | m-natal plus, prenatalabs rx,<br>prenatal plus, se-natal 19,<br>westab plus     |
| VITAFOL-OB+DHA ORAL COMBO<br>PACK 65-1-250 MG                                                       | NPB       |                       | complete natal dha, pnv-dha,<br>prenal pearl, prenaissance<br>plus, westgel dha |

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



| Drug Name                                            | Drug Tier | Requirements / Limits | SUGGESTED<br>PREFERRED<br>ALTERNATIVES                                      |
|------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------|
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG     | NPB       |                       | complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha |
| VITALARA ORAL TABLET 20 MG IRON- 1,670 MCG DFE       | FE        |                       | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus       |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG | NPB       |                       | complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha |
| vitamin d3 oral tablet 10 mcg (400 unit)             | PG        |                       |                                                                             |
| vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)  | 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, prenatalabs rx, prenatal plus, se-natal 19, westab plus       |
| ZIPHEX ORAL TABLET 13 MG IRON- 1 MG                  | FE        |                       | m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus       |

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

# Index

|                               |          |  |
|-------------------------------|----------|--|
| <b>2</b>                      |          |  |
| 2TEK GLUCOSE/BLOOD            |          |  |
| PRESSURE .....                | 200      |  |
| <b>A</b>                      |          |  |
| abacavir .....                | 5        |  |
| abacavir-lamivudine .....     | 5        |  |
| ABECMA.....                   | 32       |  |
| ABENOR .....                  | 159      |  |
| ABENOR HP .....               | 159      |  |
| abigale .....                 | 300      |  |
| abigale lo .....              | 300      |  |
| ABILIFY .....                 | 97       |  |
| abiraterone.....              | 32       |  |
| abirtega.....                 | 32       |  |
| abravo.....                   | 153      |  |
| ABRAXANE.....                 | 32       |  |
| ABRILADA(CF).....             | 288      |  |
| ABRILADA(CF) PEN .....        | 287      |  |
| ABRYSVO (PF).....             | 275      |  |
| ABSORICA.....                 | 159      |  |
| ABSORICA LD .....             | 159      |  |
| acamprosate.....              | 187      |  |
| ACANYA.....                   | 159      |  |
| acarbose.....                 | 249      |  |
| ACCU-CHEK AVIVA               |          |  |
| CONTROL SOLN.....             | 200      |  |
| ACCU-CHEK AVIVA PLUS          |          |  |
| TEST STRP.....                | 200      |  |
| ACCU-CHEK GUIDE               |          |  |
| GLUCOSE METER.....            | 200      |  |
| ACCU-CHEK GUIDE L1-L2         |          |  |
| CTRL SOL .....                | 200      |  |
| ACCU-CHEK GUIDE ME            |          |  |
| GLUCOSE MTR.....              | 200      |  |
| ACCU-CHEK GUIDE TEST          |          |  |
| STRIPS.....                   | 200      |  |
| ACCU-CHEK SMARTVIEW           |          |  |
| CONTRL SOL .....              | 200      |  |
| ACCU-CHEK SMARTVIEW           |          |  |
| TEST STRIP .....              | 200      |  |
| accutane.....                 | 159      |  |
| ACCUTREND GLUCOSE             |          |  |
| CONTROL .....                 | 200      |  |
| ACCUTREND GLUCOSE             |          |  |
| TEST STRIPS .....             | 201      |  |
| acebutolol .....              | 118      |  |
| acetaminophen-caff-dihydrocod |          |  |
| .....                         | 82       |  |
| acetaminophen-codeine .....   | 82       |  |
| acetazolamide .....           | 324      |  |
| acetic acid.....              | 187, 196 |  |
| acetylcysteine .....          | 335      |  |
| ACIOXIA .....                 | 177      |  |
| ACIOXIAY .....                | 159      |  |
| ACIPHEX.....                  | 268      |  |
| acitretin.....                | 145      |  |
| ACTEMRA .....                 | 288      |  |
| ACTEMRA ACTPEN.....           | 288      |  |
| ACTHAR.....                   | 197      |  |
| ACTHAR SELFJECT .....         | 197      |  |
| ACTHIB (PF).....              | 275      |  |
| ACTIMMUNE .....               | 275      |  |
| ACTIVELLA.....                | 300      |  |
| ACTONEL .....                 | 286      |  |
| ACTOPLUS MET .....            | 249      |  |
| ACTOS.....                    | 249      |  |
| acuicyn.....                  | 320      |  |
| ACULAR.....                   | 324      |  |
| ACULAR LS.....                | 324      |  |
| ACUVAIL (PF).....             | 324      |  |
| acyclovir .....               | 5, 177   |  |
| ACYCLOVIR IN 0.9 %            |          |  |
| SODIUM CHLR.....              | 5        |  |
| acyclovir sodium .....        | 5        |  |
| ACZONE.....                   | 159      |  |
| ADACEL(TDAP                   |          |  |
| ADOLESN/ADULT)(PF) 275        |          |  |
| ADAINZOXIA.....               | 159      |  |
| ADAKVEO .....                 | 32       |  |
| ADALIMUMAB-AACF .....         | 288      |  |
| ADALIMUMAB-AACF(CF)           |          |  |
| PEN CROHNS .....              | 289      |  |
| ADALIMUMAB-AACF(CF)           |          |  |
| PEN PS-UV .....               | 289      |  |
| ADALIMUMAB-AATY.....          | 289      |  |
| ADALIMUMAB-AATY(CF)           |          |  |
| AI CROHNS.....                | 289      |  |
| ADALIMUMAB-ADAZ.....          | 289      |  |
| ADALIMUMAB-ADBM.....          | 290      |  |
| ADALIMUMAB-BWWD....           | 290      |  |
| ADALIMUMAB-FKJP.....          | 290      |  |
| ADALIMUMAB-RYVK ....          | 290,     |  |
| 291                           |          |  |
| ADALINA.....                  | 159      |  |
| adapalene .....               | 159      |  |
| ADAPALENE.....                | 159      |  |
| adapalene-benzoyl peroxide .  | 160      |  |
| ADASUVE.....                  | 97       |  |
| ADBRY .....                   | 153, 154 |  |
| ADCETRIS.....                 | 32       |  |
| ADDERALL.....                 | 97       |  |
| ADDERALL XR.....              | 97       |  |
| adefovir.....                 | 5        |  |
| ADEMPAS .....                 | 335      |  |
| ADERMICA.....                 | 160      |  |
| ADERMICA HP.....              | 160      |  |
| ADMELOG SOLOSTAR U-           |          |  |
| 100 INSULIN .....             | 237      |  |
| ADMELOG U-100 INSULIN         |          |  |
| LISPRO .....                  | 237      |  |
| ADMIRAZOL .....               | 160      |  |
| ADMIRAZOL DUAL .....          | 160      |  |
| ADMIRAZOL HP .....            | 160      |  |
| ADMIRAZOL HP DUAL ....        | 160      |  |
| ADRIAMYCIN .....              | 32       |  |
| adrucil .....                 | 32       |  |
| ADSTILADRIN .....             | 32       |  |
| adthyza.....                  | 253      |  |
| ADTHYZA.....                  | 253      |  |
| adult aspirin regimen .....   | 87       |  |
| ADVAIR DISKUS .....           | 335      |  |
| ADVAIR HFA.....               | 335      |  |
| ADVANCED ALL-IN-ONE           |          |  |
| METER.....                    | 201      |  |
| ADVANCED GLUC METER           |          |  |
| TEST STRIP.....               | 201      |  |
| ADVANCED GLUCOSE              |          |  |
| METER.....                    | 201      |  |
| ADVATE.....                   | 131      |  |
| ADVOCATE REDI-CODE            |          |  |
| PLUS .....                    | 201      |  |
| ADVOCATE REDI-CODE            |          |  |
| PLUS CTRL L.....              | 201      |  |
| ADYNOVATE.....                | 131      |  |
| ADYPHREN .....                | 331      |  |
| ADYPHREN AMP.....             | 331      |  |
| ADYPHREN AMP II.....          | 331      |  |
| ADYPHREN II.....              | 331      |  |
| ADZENYS XR-ODT .....          | 97       |  |
| ADZYNMA.....                  | 131      |  |
| AFINITOR .....                | 32       |  |
| AFINITOR DISPERZ .....        | 32       |  |
| afirmelle.....                | 307      |  |

|                                         |     |                                   |          |                                         |          |
|-----------------------------------------|-----|-----------------------------------|----------|-----------------------------------------|----------|
| AFLURIA 2025-2026 (3YR<br>UP)(PF) ..... | 275 | ALKERAN.....                      | 33       | AMBISOME.....                           | 3        |
| AFLURIA 2025-2026 (6MO<br>UP) .....     | 275 | ALKERAN (AS HCL) .....            | 33       | ambrisentan.....                        | 336      |
| AFREZZA .....                           | 237 | ALKINDI SPRINKLE .....            | 197      | amcinonide .....                        | 178      |
| AFSTYLA .....                           | 131 | allopurinol .....                 | 285      | AMELUZ .....                            | 154      |
| after pill .....                        | 307 | almotriptan malate .....          | 73       | amethia .....                           | 307      |
| AFTERA .....                            | 307 | ALOGLIPTIN .....                  | 249      | amethyst (28).....                      | 307      |
| AGAMATRIX AMP TEST<br>STRIPS.....       | 201 | ALOGLIPTIN-METFORMIN<br>.....     | 249      | AMICAR .....                            | 132      |
| AGAMATRIX CONTROL<br>SOLN-HIGH .....    | 201 | ALOGLIPTIN-<br>PIOGLITAZONE ..... | 249      | amikacin .....                          | 17       |
| AGAMATRIX CONTROL<br>SOLN-NORMAL.....   | 202 | ALOMIRA .....                     | 160      | amiloride.....                          | 118      |
| AGAMATRIX JAZZ TEST<br>STRIPS.....      | 202 | ALOMIRA HP .....                  | 160      | amiloride-hydrochlorothiazide<br>.....  | 118      |
| AGAMATRIX JAZZ<br>WIRELESS 2 MNTR.....  | 202 | ALOMIRA LP.....                   | 160      | aminocaproic acid.....                  | 132      |
| AGAMATRIX PRESTO<br>SYSTEM .....        | 202 | alosetron .....                   | 257      | amiodarone .....                        | 117      |
| AGAMATRIX PRESTO TEST<br>STRIPS .....   | 202 | ALPHAGAN P.....                   | 331      | AMITIZA .....                           | 257      |
| AGAMREE .....                           | 197 | ALPHANATE .....                   | 131      | amitriptyline .....                     | 98       |
| AGONEAZE .....                          | 170 | ALPHANINE SD.....                 | 131      | amitriptyline-chlordiazepoxide<br>..... | 98       |
| AGRYLIN .....                           | 187 | alprazolam .....                  | 98       | AMJEVITA(CF).....                       | 291      |
| AIMOVIG AUTOINJECTOR.....               | 72  | alprazolam intensol.....          | 98       | AMJEVITA(CF)<br>AUTOINJECTOR .....      | 291      |
| AIRSUPRA .....                          | 335 | ALPROLIX .....                    | 132      | amlodipine .....                        | 118      |
| AJOVY AUTOINJECTOR.....                 | 72  | ALREX.....                        | 328      | amlodipine-atorvastatin .....           | 139      |
| AJOVY SYRINGE .....                     | 72  | altacaine.....                    | 320      | amlodipine-benazepril .....             | 119      |
| AKEEGA .....                            | 32  | ALTACE .....                      | 118      | amlodipine-olmesartan .....             | 119      |
| AKLIEF.....                             | 160 | ALTAFLUOR BENOX .....             | 320      | amlodipine-valsartan .....              | 119      |
| AKTEN (PF) .....                        | 320 | altavera (28).....                | 307      | amlodipine-valsartan-hcthiazid<br>..... | 119      |
| AKYNZEO (NETUPITANT)<br>.....           | 257 | ALTRENO .....                     | 160      | amnestem .....                          | 161      |
| ALA-SCALP .....                         | 177 | ALTUVIIIIO.....                   | 132      | AMONDYS-45.....                         | 75       |
| albendazole.....                        | 16  | ALUNBRIG .....                    | 33       | amoxapine.....                          | 98       |
| albuterol sulfate .....                 | 336 | ALURIS.....                       | 160, 161 | amoxicil-clarithromy-lansopraz<br>..... | 268      |
| ALCAINE .....                           | 320 | ALURIS HP .....                   | 160      | amoxicillin.....                        | 23       |
| alclometasone .....                     | 177 | ALURIS HP PLUS.....               | 160      | amoxicillin-pot clavulanate ....        | 23       |
| ALCORTIN A .....                        | 172 | ALURIS LP .....                   | 160      | amphetamine.....                        | 98       |
| ALDACTONE .....                         | 118 | ALURIS LP PLUS .....              | 160      | amphetamine sulfate.....                | 98       |
| ALDURAZYME.....                         | 242 | ALURIS PLUS.....                  | 160      | amphotericin b.....                     | 3        |
| ALECENSA .....                          | 32  | ALUXOF .....                      | 161      | amphotericin b liposome .....           | 3        |
| alendronate .....                       | 286 | ALUXOF DUAL.....                  | 161      | ampicillin.....                         | 23       |
| ALFERON N.....                          | 275 | ALUXOF HP.....                    | 161      | ampicillin sodium .....                 | 23       |
| alfuzosin .....                         | 348 | ALVAIZ .....                      | 132      | ampicillin-sulbactam .....              | 23, 24   |
| ALHEMO PEN .....                        | 131 | ALVESCO.....                      | 336      | AMPYRA .....                            | 75       |
| ALINIA .....                            | 17  | alvimopan .....                   | 257      | AMRIX.....                              | 79       |
| aliskiren .....                         | 118 | ALVOX .....                       | 161      | AMTAGVI .....                           | 33       |
| ALIXI .....                             | 160 | ALVOX HP .....                    | 161      | AMVUTTRA .....                          | 75       |
| ALIXI HP .....                          | 160 | alyacen 1/35 (28).....            | 307      | AMZEEQ .....                            | 161      |
|                                         |     | alyacen 7/7/7 (28).....           | 307      | ANAFRANIL.....                          | 98       |
|                                         |     | ALYFTREK .....                    | 336      | anagrelide .....                        | 187      |
|                                         |     | ALYGLO .....                      | 275      | ANALPRAM-HC.....                        | 146, 257 |
|                                         |     | ALYMSYS.....                      | 33       | ANALPRAM-HC SINGLES.....                | 257      |
|                                         |     | alyq .....                        | 336      | ANAPROX DS.....                         | 87       |
|                                         |     | amantadine hcl.....               | 5        |                                         |          |
|                                         |     | AMBIEN .....                      | 98       |                                         |          |
|                                         |     | AMBIEN CR.....                    | 98       |                                         |          |

|                           |     |                            |     |                               |     |
|---------------------------|-----|----------------------------|-----|-------------------------------|-----|
| ANASTIA .....             | 170 | ARIMIDEX .....             | 33  | atazanavir.....               | 5   |
| anastrozole.....          | 33  | aripiprazole.....          | 98  | ATELVIA.....                  | 286 |
| ANCOBON .....             | 3   | ARIXTRA .....              | 132 | atenolol .....                | 119 |
| ANDEMBRY                  |     | armodafinil .....          | 99  | atenolol-chlorthalidone.....  | 119 |
| AUTOINJECTOR.....         | 336 | ARMOUR THYROID .....       | 253 | ATIVAN.....                   | 99  |
| ANDROGEL.....             | 242 | ARNUITY ELLIPTA.....       | 336 | ATMEKSI .....                 | 79  |
| ANGELIQ .....             | 300 | AROMASIN.....              | 33  | atomoxetine .....             | 99  |
| ANNOVERA .....            | 305 | ARRANON .....              | 33  | ATORVALIQ.....                | 139 |
| ANODYNE LPT .....         | 170 | arsenic trioxide .....     | 33  | atorvastatin .....            | 139 |
| ANORO ELLIPTA .....       | 336 | ARTESUNATE.....            | 17  | atovaquone.....               | 17  |
| ANTIVERT.....             | 258 | ARTHROTEC 50.....          | 87  | atovaquone-proguanil .....    | 17  |
| anucort-hc.....           | 258 | ARTHROTEC 75 .....         | 87  | ATRALIN.....                  | 161 |
| ANUSOL-HC.....            | 258 | ARTILIS.....               | 161 | atropine .....                | 319 |
| ANZUPGO.....              | 154 | ARTILIS HP.....            | 161 | ATROPINE .....                | 319 |
| apexicon e.....           | 178 | ARYNTA .....               | 99  | ATROPINE SULFATE (PF).....    | 319 |
| APEXOL .....              | 161 | ASCENIV.....               | 276 | ATROVENT HFA.....             | 337 |
| APEXOL HP .....           | 161 | ascomp with codeine .....  | 82  | ATTRUBY .....                 | 144 |
| APHEXDA.....              | 271 | asenapine maleate.....     | 99  | AUBAGIO.....                  | 115 |
| APHORIA .....             | 161 | ashlyna.....               | 307 | aubra .....                   | 307 |
| APIDRA SOLOSTAR U-100     |     | ASMANEX HFA .....          | 336 | aubra eq .....                | 307 |
| INSULIN.....              | 237 | ASMANEX TWISTHALER.....    | 337 | AUCATZYL.....                 | 33  |
| APIDRA U-100 INSULIN..... | 237 | ASPARLAS .....             | 33  | AUDENZ (NATIONAL              |     |
| APLENZIN .....            | 98  | aspirin .....              | 87  | STOCKPILE) .....              | 276 |
| APOKYN .....              | 70  | aspirin childrens .....    | 87  | AUGMENTIN.....                | 24  |
| apomorphine.....          | 70  | aspirin-dipyridamole ..... | 132 | AUGMENTIN ES-600.....         | 24  |
| APORIX.....               | 161 | ASSURE 4 CONTROL           |     | AUGTYRO.....                  | 33  |
| apraclonidine .....       | 331 | SOLUTION.....              | 202 | AUGUSTIL .....                | 161 |
| aprepitant.....           | 258 | ASSURE 4 STRIPS .....      | 202 | AUKELSO .....                 | 31  |
| APRETUDE .....            | 5   | ASSURE CONTROL             |     | AURANOFIN.....                | 291 |
| apri.....                 | 307 | SOLUTION L2-L3.....        | 202 | aurovela 1.5/30 (21).....     | 307 |
| APRISO.....               | 258 | ASSURE DOSE NORMAL         |     | aurovela 1/20 (21).....       | 307 |
| APRIZIO PAK .....         | 170 | CONTROL .....              | 202 | aurovela 24 fe .....          | 307 |
| APTENSIO XR.....          | 98  | ASSURE PLATINUM            |     | aurovela fe 1.5/30 (28) ..... | 308 |
| APTIOM.....               | 61  | GLUCOSE METER.....         | 202 | aurovela fe 1-20 (28) .....   | 308 |
| APTIVUS .....             | 5   | ASSURE PLATINUM TEST       |     | AURYXIA.....                  | 351 |
| AQNEURSA .....            | 353 | STRIP .....                | 203 | AUSTEDO .....                 | 76  |
| AQVESME.....              | 187 | ASSURE PRISM CONTROL 1-    |     | AUSTEDO XR.....               | 76  |
| ARAKODA.....              | 17  | 2 SOLN.....                | 203 | AUSTEDO XR TITRATION          |     |
| ARALAST NP .....          | 187 | ASSURE PRISM MULTI         |     | KT(WK1-4) .....               | 76  |
| aranelle (28).....        | 307 | METER .....                | 203 | AUTOJECT 2 INJECTION          |     |
| ARANESP (IN               |     | ASSURE PRISM MULTI         |     | DEVICE .....                  | 235 |
| POLYSORBATE).....         | 271 | STRIP .....                | 203 | AUTOPEN 1 TO 21 UNITS.....    | 235 |
| ARAVA.....                | 291 | ASSURE TITANIUM            |     | AUVELITY .....                | 99  |
| ARAZLO.....               | 161 | GLUCOSE SYSTEM.....        | 203 | AUVI-Q.....                   | 331 |
| ARBLI.....                | 119 | ASSURE TITANIUM TEST       |     | AVALIDE .....                 | 119 |
| ARCALYST.....             | 271 | STRIP .....                | 203 | AVAPRO.....                   | 119 |
| ARESTIN.....              | 194 | ASTAGRAF XL.....           | 33  | avar .....                    | 161 |
| AREXVY (PF) .....         | 275 | ASTERO .....               | 170 | AVAR LS .....                 | 161 |
| arformoterol.....         | 336 | AT HOME A1C .....          | 203 | AVAR-E .....                  | 161 |
| ARICEPT .....             | 76  | ATACAND .....              | 119 | AVASTIN.....                  | 33  |
| ARIKAYCE .....            | 17  | ATACAND HCT .....          | 119 | AVEED.....                    | 242 |

|                                  |          |                                      |         |                                 |          |
|----------------------------------|----------|--------------------------------------|---------|---------------------------------|----------|
| AVEIDA.....                      | 161      | b complex-vitamin c-folic acid ..... | 353     | BENZAMYCIN .....                | 162      |
| AVEIDAOXIA.....                  | 161      | .....                                | 353     | benzepro .....                  | 162      |
| AVENOVA .....                    | 320      | bacitracin .....                     | 17, 316 | BENZEPRO                        |          |
| AVERI.....                       | 308      | bacitracin-polymyxin b.....          | 316     | (MICROSPHERES) .....            | 162      |
| AVGEMSI.....                     | 33       | baclofen .....                       | 79      | BENZNIDAZOLE .....              | 17       |
| aviane .....                     | 308      | BACTRIM.....                         | 26      | BENZODOX 30 .....               | 27       |
| AVIDORA .....                    | 162      | BACTRIM DS.....                      | 26      | BENZODOX 60 .....               | 27       |
| AVIDORA HP .....                 | 162      | BAFIERTAM.....                       | 115     | benzonatate .....               | 334      |
| avidoxy .....                    | 27       | bal-care dha .....                   | 353     | benzoyl peroxide .....          | 162      |
| AVIDOXY DK .....                 | 27       | BAL-CARE DHA ESSENTIAL .....         | 353     | benztropine .....               | 70       |
| AVLAYAH .....                    | 242      | BALCOLTRA .....                      | 308     | BEOVU .....                     | 320      |
| AVMAPKI-FAKZYNJA .....           | 33       | balsalazide .....                    | 258     | bepotastine besilate.....       | 320      |
| avo cream .....                  | 154      | BALVERSA.....                        | 34      | BEPREVE .....                   | 320      |
| AVODART .....                    | 348      | balziva (28).....                    | 308     | BERINERT.....                   | 337      |
| AVONEX.....                      | 115      | BANZEL .....                         | 61      | beser.....                      | 178      |
| AVSOLA.....                      | 258      | BAQSIMI .....                        | 235     | BESER KIT .....                 | 178      |
| AVTOZMA .....                    | 291, 292 | BARACLUDE .....                      | 5, 6    | BESIFLOXACIN .....              | 316      |
| AVTOZMA AUTOINJECTOR .....       | 291      | BASADROX .....                       | 173     | BESIVANCE.....                  | 316      |
| AVYCAZ .....                     | 12       | BASAGLAR KWIKPEN U-100 INSULIN ..... | 237     | BESPONSA.....                   | 34       |
| AWANIS.....                      | 162      | BATIZIA .....                        | 173     | BESREMI.....                    | 275      |
| AXTLE.....                       | 34       | BAVENCIO .....                       | 34      | BETADINE OPHTHALMIC PREP.....   | 316      |
| ayuna .....                      | 308      | BAXDELA.....                         | 25      | betaine.....                    | 258      |
| AYVAKIT.....                     | 34       | BAXONIL .....                        | 162     | betamethasone dipropionate .    | 178      |
| azacitidine.....                 | 34       | bayer low dose aspirin.....          | 87      | betamethasone valerate.....     | 178      |
| AZALTA.....                      | 162      | BCG VACCINE, LIVE (PF) 276           |         | betamethasone, augmented... 178 |          |
| AZALTA HP.....                   | 162      | b-complex with vitamin c.....        | 354     | BETAPACE .....                  | 117      |
| AZASAN.....                      | 34       | BD MICROTAINER LANCET .....          | 235     | BETAPACE AF .....               | 117      |
| AZASITE .....                    | 316      | BD SPECIALTY USE NEEDLES .....       | 236     | BETASERON.....                  | 115      |
| azathioprine .....               | 34       | beclomethasone dipropionate .....    | 337     | betaxolol .....                 | 120, 318 |
| azathioprine sodium .....        | 34       | .....                                | 337     | bethanechol chloride.....       | 348      |
| azelaic acid .....               | 162      | BEIZRAY .....                        | 34      | BETHKIS .....                   | 17       |
| azelastine .....                 | 194, 320 | BEIZRAY-ALBUMIN.....                 | 34      | BETIMOL .....                   | 318      |
| azelastine-fluticasone .....     | 337      | BELBUCA .....                        | 82      | BETOPTIC S.....                 | 318      |
| AZELEX .....                     | 162      | BELEODAQ .....                       | 34      | bevacizumab .....               | 34       |
| AZESCO .....                     | 353      | belladonna alkaloids-opium .         | 255     | BEVACIZUMAB.....                | 321      |
| AZILECT .....                    | 70       | BELRAPZO .....                       | 34      | BEVESPI AEROSPHERE ...          | 337      |
| AZILSARTAN MEDOXOMIL .....       | 119      | BELSOMRA .....                       | 99      | bexarotene.....                 | 34       |
| azithromycin.....                | 15       | benazepril .....                     | 119     | BEXSERO .....                   | 276      |
| AZMIRO .....                     | 242      | benazepril-hydrochlorothiazide ..... | 119     | BEYAZ.....                      | 308      |
| AZOPT .....                      | 325      | .....                                | 119     | BEYFORTUS.....                  | 6        |
| AZOR.....                        | 119      | bendamustine.....                    | 34      | bicalutamide .....              | 34       |
| AZSTARYS .....                   | 99       | BENDAMUSTINE .....                   | 34      | BICILLIN C-R .....              | 24       |
| aztreonam .....                  | 17       | BENDEKA .....                        | 34      | BICILLIN L-A .....              | 24       |
| AZULFIDINE .....                 | 258      | BENEFIX .....                        | 132     | BICNU.....                      | 35       |
| AZULFIDINE EN-TABS ....          | 258      | BENICAR .....                        | 119     | BIDIL .....                     | 120      |
| azurette (28).....               | 308      | BENICAR HCT .....                    | 119     | BIGFOOT UNITY .....             | 203      |
| <b>B</b>                         |          | BENLYSTA .....                       | 292     | BIJUVA.....                     | 300      |
| b complex 1 (with folic acid)353 |          |                                      |         | BIKTARVY .....                  | 6        |

|                                |     |                             |          |                                  |          |
|--------------------------------|-----|-----------------------------|----------|----------------------------------|----------|
| bimatoprost.....               | 325 | BOSULIF .....               | 35       | bupropion hcl (smoking deter)    |          |
| BIMATOPROST (PF).....          | 325 | BOTOX .....                 | 276      | .....                            | 193      |
| BIMZELX .....                  | 146 | bp 10-1.....                | 162      | buspirone .....                  | 99       |
| BIMZELX AUTOINJECTOR           |     | BRAFTOVI.....               | 35       | busulfan .....                   | 35       |
| .....                          | 146 | BREEZE 2 CONTROL            |          | BUSULFEX .....                   | 35       |
| BINOSTO.....                   | 286 | SOLUTION,HIGH .....         | 204      | butalbital-acetaminop-caf-cod    | 83       |
| BIONIME RIGHTEST GM300         |     | BREKIYA .....               | 73       | butalbital-acetaminophen .....   | 83       |
| SYSTEM .....                   | 203 | BRENZAVVY .....             | 249      | butalbital-acetaminophen-caff    | 83       |
| BIONIME RIGHTEST TEST          |     | BREO ELLIPTA .....          | 337      | butalbital-aspirin-caffeine..... | 83       |
| STRIPS.....                    | 203 | BREYANZI.....               | 35       | butorphanol.....                 | 87, 88   |
| BIOTEL CARE BGM-4              |     | breyna .....                | 337      | BUTRANS .....                    | 83       |
| METER .....                    | 204 | BREZTRI AEROSPHERE...337    |          | BYLVAY .....                     | 258, 259 |
| BIOTHRAX .....                 | 276 | briellyn.....               | 308      | BYNFEZIA .....                   | 35       |
| bisacodyl.....                 | 258 | BRILINTA .....              | 132      | BYOOVIZ .....                    | 321      |
| bismuth subcit k-metronidz-ten |     | brimonidine .....           | 162, 331 | BYQLOVI .....                    | 328      |
| .....                          | 268 | BRIMONIDINE-                |          | BYSANTI.....                     | 99       |
| bisoprolol fumarate .....      | 120 | DORZOLAMIDE.....            | 325      | BYSANTI TITRATION PACK           |          |
| BISOPROLOL FUMARATE            |     | BRIMONIDINE-                |          | A .....                          | 100      |
| .....                          | 120 | DORZOLAMIDE (PF).....       | 325      | BYSANTI TITRATION PACK           |          |
| bisoprolol-hydrochlorothiazide |     | BRIMONIDINE-DORZOL-         |          | B .....                          | 100      |
| .....                          | 120 | BIMATOPROST .....           | 325      | BYSANTI TITRATION PACK           |          |
| BIVIGAM .....                  | 276 | brimonidine-timolol.....    | 325      | C .....                          | 100      |
| BIZENGRI .....                 | 35  | BRINEURA.....               | 242      | BYSTOLIC.....                    | 120      |
| BKEMV .....                    | 187 | BRINSUPRI .....             | 337      | <b>C</b>                         |          |
| BLENREP .....                  | 35  | brinzolamide.....           | 325      | CABENUVA .....                   | 6        |
| bleomycin .....                | 35  | BRIUMVI.....                | 115      | cabergoline .....                | 242      |
| BLINCYTO.....                  | 35  | brivaracetam .....          | 61       | CABLIVI.....                     | 132      |
| blisovi 24 fe.....             | 308 | BRIVIACT .....              | 61, 62   | CABOMETYX.....                   | 35       |
| blisovi fe 1.5/30 (28) .....   | 308 | BRIXADI .....               | 82       | CABTREO .....                    | 162      |
| blisovi fe 1/20 (28) .....     | 308 | BROMFED DM .....            | 334      | CADUET.....                      | 139      |
| BLOOD GLUCOSE                  |     | bromfenac.....              | 324      | CAFERGOT .....                   | 73       |
| CONTROL, NORMAL....            | 204 | bromocriptine .....         | 70       | caffeine citrate .....           | 187      |
| BLOOD GLUCOSE TEST ..          | 204 | brompheniramine-pseudoeph-  |          | calcipotriene .....              | 146      |
| BLOOD-GLUCOSE METER            |     | dm.....                     | 334      | CALCIPOTRIENE.....               | 146      |
| .....                          | 204 | BROMSITE.....               | 324      | calcipotriene-betamethasone      | 146      |
| BLUJEPa.....                   | 29  | BRONCHITOL .....            | 338      | calcitonin (salmon) .....        | 242      |
| BLULINK DIABETIC TEST          |     | BROVANA .....               | 338      | calcitriol.....                  | 146      |
| BUNDLE.....                    | 204 | BRUKINSA.....               | 35       | calcium acetate(phosphat bind)   |          |
| BLULINK GLUCOSE                |     | BRYHALI .....               | 178      | .....                            | 351      |
| MONITOR SYSTEM .....           | 204 | BRYNOVIN.....               | 249      | CALQUENCE                        |          |
| BLULINK GLUCOSE TEST           |     | BUCAPSOL .....              | 99       | (ACALABRUTINIB MAL)              |          |
| STRIP .....                    | 204 | budesonide.....             | 258, 338 | .....                            | 36       |
| BOMYNTRA .....                 | 31  | budesonide-formoterol ..... | 338      | CAMBIA .....                     | 88       |
| BONJESTA.....                  | 258 | bumetanide .....            | 120      | CAMCEVI (6 MONTH) .....          | 36       |
| BONSITY.....                   | 286 | BUPHENYL.....               | 187      | camila .....                     | 300      |
| BOOSTRIX TDAP .....            | 276 | buprenorphine.....          | 83       | CAMPTOSAR.....                   | 36       |
| bortezomib.....                | 35  | buprenorphine hcl.....      | 83       | camrese .....                    | 308      |
| BORTEZOMIB .....               | 35  | buprenorphine-naloxone..... | 87       | camrese lo .....                 | 308      |
| BORUZU .....                   | 35  | bupropion hcl.....          | 99       | CAMZYOS.....                     | 144      |
| BOSAYA .....                   | 286 | BUPROPION HCL .....         | 99       | CANASA.....                      | 259      |
| bosentan.....                  | 337 |                             |          | candesartan .....                | 120      |

|                                      |          |                                      |          |                                     |        |
|--------------------------------------|----------|--------------------------------------|----------|-------------------------------------|--------|
| candesartan-hydrochlorothiazid ..... | 120      | CARETOUCH GLUCOSE MONITORING .....   | 205      | cefoxitin.....                      | 14     |
| capecitabine.....                    | 36       | CARETOUCH TEST STRIP .....           | 205      | cefoxitin in dextrose, iso-osm.     | 14     |
| CAPEX.....                           | 178      | carglumic acid .....                 | 187      | cefpodoxime .....                   | 14     |
| CAPLYTA .....                        | 100      | carisoprodol .....                   | 79       | cefprozil.....                      | 14     |
| CAPRELSA .....                       | 36       | carisoprodol-aspirin-codeine..       | 79       | ceftaroline fosamil .....           | 14     |
| CAPSINAC .....                       | 88       | carmustine .....                     | 36       | ceftazidime .....                   | 14     |
| captopril.....                       | 120      | CARNITOR.....                        | 187, 188 | ceftriaxone .....                   | 14     |
| captopril-hydrochlorothiazide .....  | 120      | CARNITOR (SUGAR-FREE) .....          | 187      | CEFTRIAZONE .....                   | 14     |
| CAPVAXIVE.....                       | 276      | CAROSPIR .....                       | 121      | ceftriaxone in dextrose,iso-os.     | 14     |
| CARAC .....                          | 154      | carteolol .....                      | 318      | cefuroxime axetil .....             | 14     |
| CARAFATE.....                        | 268      | cartia xt.....                       | 121      | cefuroxime sodium .....             | 14     |
| CARBAGLU.....                        | 187      | carvedilol .....                     | 121      | celacyn.....                        | 154    |
| carbamazepine.....                   | 62       | carvedilol phosphate.....            | 121      | CELEBREX .....                      | 88     |
| CARBAMAZEPINE.....                   | 62       | CARVYKTI .....                       | 36       | celecoxib.....                      | 88     |
| CARBATROL.....                       | 62       | CASGEVY .....                        | 188      | CELEXA .....                        | 100    |
| carbidopa .....                      | 70       | CASODEX .....                        | 36       | CELLCEPT .....                      | 36     |
| carbidopa-levodopa .....             | 70, 71   | caspofungin .....                    | 3        | CELLCEPT INTRAVENOUS .....          | 36     |
| CARBIDOPA-LEVODOPA ..                | 70       | CATAPRES-TTS-1 .....                 | 121      | CELONTIN .....                      | 62     |
| carbidopa-levodopa-entacapone .....  | 71       | CATAPRES-TTS-2.....                  | 121      | cem-urea .....                      | 154    |
| carbinoxamine maleate.               | 331, 332 | CATAPRES-TTS-3.....                  | 121      | CENTANY .....                       | 173    |
| CARBINOXAMINE MALEATE.....           | 331      | CAVERJECT .....                      | 349      | CENTANY AT.....                     | 173    |
| carboplatin.....                     | 36       | CAVERJECT IMPULSE .....              | 349      | cephalexin.....                     | 14, 15 |
| carbzah .....                        | 332      | CAYA CONTOURED .....                 | 299      | CEPROTIN (BLUE BAR) ...             | 132    |
| CARDAMYST.....                       | 120      | CAYSTON .....                        | 17       | CEPROTIN (GREEN BAR)                | 132    |
| CARDIZEM.....                        | 120      | caziant (28).....                    | 308      | CEQUA .....                         | 321    |
| CARDIZEM CD .....                    | 120      | cefaclor .....                       | 12       | CEQUR SIMPLICITY .....              | 236    |
| CARDIZEM LA.....                     | 120      | cefadroxil.....                      | 12       | CERACADE.....                       | 154    |
| CARDURA .....                        | 120      | cefazolin .....                      | 13       | CERAMAX.....                        | 154    |
| CARDURA XL .....                     | 121      | CEFAZOLIN.....                       | 13       | CERDELGA.....                       | 242    |
| CARESENS CONTROL A AND B.....        | 204      | CEFAZOLIN IN 0.9% SOD CHLORIDE.....  | 12       | CEREZYME.....                       | 242    |
| CARESENS N.....                      | 204      | cefazolin in dextrose (iso-os) .     | 12       | CERVIDIL .....                      | 305    |
| CARESENS N FELIZ GLUCOSE METER.....  | 204      | CEFAZOLIN IN DEXTROSE (ISO-OS) ..... | 13       | CETRAXAL.....                       | 196    |
| CARESENS N TEST STRIPS .....         | 204      | cefazolin in dextrose 5 % .....      | 13       | cetrorelix.....                     | 243    |
| CARESENS N VOICE .....               | 204      | cefazolin in sterile water.....      | 13       | CETROTIDE.....                      | 243    |
| CARESENS S CONTROL A AND B.....      | 205      | CEFAZOLIN IN STERILE WATER.....      | 13       | cevimeline.....                     | 188    |
| CARESENS S FIT BT GLUCOSE MTR.....   | 205      | cefdinir.....                        | 13       | CHANTIX .....                       | 193    |
| CARESENS S FIT GLUCOSE METER .....   | 205      | cefepime .....                       | 13       | CHANTIX STARTING MONTH BOX.....     | 193    |
| CARESENS S TEST STRIP                | 205      | CEFEPIME.....                        | 13       | charlotte 24 fe.....                | 308    |
| CARETOUCH CONTROL SOLN L2-L3 .....   | 205      | CEFEPIME IN DEXTROSE 5 %.....        | 13       | chateal eq (28) .....               | 308    |
|                                      |          | cefepime in dextrose,iso-osm .       | 13       | CHEMET.....                         | 188    |
|                                      |          | cefixime .....                       | 13       | CHLOHUX.....                        | 179    |
|                                      |          | CEFOTAN.....                         | 14       | CHLOOXIA .....                      | 179    |
|                                      |          | cefotaxime .....                     | 14       | chloramphenicol sod succinate ..... | 17     |
|                                      |          | cefotetan .....                      | 14       | chlordiazepoxide hcl.....           | 100    |
|                                      |          |                                      |          | chlordiazepoxide-clidinium..        | 255    |
|                                      |          |                                      |          | chlorhexidine gluconate.....        | 194    |
|                                      |          |                                      |          | chloroquine phosphate.....          | 17     |
|                                      |          |                                      |          | chlorpromazine .....                | 100    |

|                                  |              |                                |          |                                    |          |
|----------------------------------|--------------|--------------------------------|----------|------------------------------------|----------|
| chlorthalidone.....              | 121          | classic prenatal .....         | 354      | clobetasol.....                    | 179      |
| chlorzoxazone.....               | 80           | cleansing wash.....            | 162      | CLOBETASOL .....                   | 179, 328 |
| CHOLBAM.....                     | 259          | clearlax .....                 | 259      | clobetasol-emollient .....         | 179      |
| cholecalciferol (vitamin d3) .   | 354          | clemastine.....                | 332      | CLOBEX.....                        | 179      |
| cholestyramine (with sugar) 139, | 140          | clemsza .....                  | 332      | CLOBEZIN .....                     | 174      |
| cholestyramine light .....       | 140          | CLENIA PLUS .....              | 163      | clocortolone pivalate .....        | 179      |
| CHORIONIC                        |              | CLENPIQ .....                  | 259      | clodan .....                       | 180      |
| GONADOTROPIN,                    |              | CLEOCIN.....                   | 17, 305  | CLODAN KIT.....                    | 180      |
| HUMAN.....                       | 243          | CLEOCIN HCL.....               | 17       | clofarabine .....                  | 36       |
| CIALIS.....                      | 348          | CLEOCIN PEDIATRIC.....         | 17       | clomid .....                       | 243      |
| CIBINQO .....                    | 154          | CLEOCIN T .....                | 163      | clomiphene citrate .....           | 243      |
| ciclodan .....                   | 174          | CLEVER CHEK BLOOD              |          | clomipramine.....                  | 100      |
| CICLODAN KIT.....                | 174          | GLUCOSE.....                   | 205      | clonazepam .....                   | 62       |
| ciclopirox.....                  | 174          | CLEVER CHOICE GLUCOSE          |          | clonidine .....                    | 121      |
| ciclopirox-ure-camph-menth-euc   |              | MONITOR .....                  | 205      | clonidine hcl .....                | 100, 121 |
| .....                            | 174          | CLEVER CHOICE LEVEL 2          |          | CLONIDINE HCL .....                | 121      |
| cidofovir .....                  | 6            | CONTROL .....                  | 205      | clopidogrel.....                   | 132      |
| cilostazol.....                  | 132          | CLEVER CHOICE MICRO            | 205      | clorazepate dipotassium.....       | 100      |
| CILOXAN.....                     | 316          | CLEVER CHOICE MICRO            |          | clotrimazole .....                 | 3        |
| CIMDUO.....                      | 6            | TEST STRIP.....                | 205      | clotrimazole-betamethasone .       | 174      |
| CIMERLI .....                    | 321          | CLEVER CHOICE PRO.....         | 205,     | clozapine.....                     | 100      |
| cimetidine .....                 | 268          | 206                            |          | CLOZARIL .....                     | 100      |
| cimetidine hcl .....             | 268          | CLEVER CHOICE TALK             |          | COAGADEX.....                      | 133      |
| CIMZIA.....                      | 259          | GLUCOSE SYS .....              | 206      | COARTEM.....                       | 18       |
| CIMZIA POWDER FOR                |              | CLEVER CHOICE TALK             |          | COBENFY .....                      | 101      |
| RECONST.....                     | 259          | TEST .....                     | 206      | COBENFY STARTER PACK               |          |
| cinacalcet.....                  | 243          | CLEVER CHOICE TEST             |          | .....                              | 101      |
| CINQAIR .....                    | 338          | STRIPS.....                    | 206      | COCAINE .....                      | 170      |
| CINRYZE.....                     | 338          | CLEVER CHOICE VOICE            |          | codeine sulfate .....              | 83       |
| CIPOTREX .....                   | 146          | PLUS TEST.....                 | 206      | codeine-butalbital-asa-caff .....  | 83       |
| CIPRO .....                      | 26           | CLIMARA.....                   | 301      | codeine-guaifenesin.....           | 334      |
| CIPRO HC.....                    | 196          | CLIMARA PRO.....               | 300      | CODITUSSIN AC.....                 | 334      |
| ciprofloxacin.....               | 26           | clindacin .....                | 163      | CODITUSSIN DAC.....                | 334      |
| ciprofloxacin hcl.....           | 26, 196, 316 | clindacin etz.....             | 163      | COLAZAL .....                      | 259      |
| ciprofloxacin in 5 % dextrose.   | 26           | CLINDACIN ETZ.....             | 163      | colchicine.....                    | 285      |
| ciprofloxacin-dexamethasone      |              | clindacin p .....              | 163      | COLCRYS.....                       | 285      |
| .....                            | 196          | CLINDACIN PAC .....            | 163      | colesevelam .....                  | 140      |
| CIPROFLOXACIN-                   |              | CLINDAGEL .....                | 163      | COLESTID.....                      | 140      |
| FLUOCINOLONE .....               | 196          | clindamycin hcl .....          | 18       | colestipol.....                    | 140      |
| ciprofloxacin-hydrocortisone     | 196          | CLINDAMYCIN IN 0.9 %           |          | colistin (colistimethate na) ..... | 18       |
| cisplatin .....                  | 36           | SOD CHLOR .....                | 18       | COLUMVI .....                      | 36       |
| CISPLATIN .....                  | 36           | clindamycin in 5 % dextrose .. | 18       | COLY-MYCIN M                       |          |
| citalopram.....                  | 100          | clindamycin pediatric .....    | 18       | PARENTERAL .....                   | 18       |
| citroma.....                     | 259          | clindamycin phosphate..        | 18, 163, | COMBIGAN .....                     | 325      |
| cladribine.....                  | 36           | 305                            |          | COMBIPATCH.....                    | 301      |
| cladribine(multiple sclerosis)   | 115          | clindamycin-benzoyl peroxide   |          | COMBIVENT RESPIMAT..               | 338      |
| claravis .....                   | 162          | .....                          | 163      | COMETRIQ .....                     | 37       |
| CLARINEX.....                    | 332          | clindamycin-tretinoin .....    | 163      | COMIRNATY 2025-2026(5-             |          |
| CLARINEX-D 12 HOUR ....          | 334          | CLINDESSE .....                | 305      | 11Y)(PF).....                      | 276      |
| clarithromycin .....             | 15           | CLINPRO 5000.....              | 194      | COMIRNATY 2025-26 (12Y             |          |
|                                  |              | clobazam.....                  | 62       | UP)(PF).....                       | 276      |



|                            |     |                                |               |                                 |         |
|----------------------------|-----|--------------------------------|---------------|---------------------------------|---------|
| COMPAZINE.....             | 259 | COSENTYX.....                  | 147           | ciproheptadine .....            | 332     |
| COMPLERA .....             | 6   | COSENTYX (2 SYRINGES)          |               | CYRAMZA .....                   | 37      |
| complete natal dha.....    | 354 | .....                          | 146           | cyred .....                     | 308     |
| compro.....                | 259 | COSENTYX PEN .....             | 147           | cyred eq .....                  | 308     |
| CONCERTA .....             | 101 | COSENTYX PEN (2 PENS).....     | 147           | CYSTADANE .....                 | 260     |
| CONDYLOX .....             | 154 | COSENTYX UNOREADY              |               | CYSTADROPS .....                | 321     |
| CONEXXENCE.....            | 286 | PEN .....                      | 147           | CYSTAGON .....                  | 349     |
| conjugated estrogens ..... | 301 | COSOPT.....                    | 325           | CYSTARAN.....                   | 321     |
| CONJUPRI.....              | 121 | COSOPT (PF) .....              | 325           | cytarabine .....                | 37      |
| CONSENSI .....             | 121 | COTELLIC.....                  | 37            | cytarabine (pf) .....           | 37      |
| constulose .....           | 259 | COTEMPLA XR-ODT .....          | 101           | CYTOGAM.....                    | 277     |
| CONTEPO .....              | 29  | covaryx .....                  | 301           | CYTOMEL.....                    | 253     |
| CONTOUR CONTROL            |     | covaryx h.s.....               | 301           | CYTOTEC.....                    | 268     |
| SOLUTION, NML .....        | 206 | COXANTO .....                  | 88            | <b>D</b>                        |         |
| CONTOUR NEXT EZ METER      |     | COZAAR.....                    | 122           | dabigatran etexilate.....       | 133     |
| .....                      | 206 | CRENESSITY .....               | 243           | dacarbazine .....               | 37      |
| CONTOUR NEXT GEN           |     | CREON .....                    | 259           | dactinomycin .....              | 37      |
| METER .....                | 206 | CRESEMBA .....                 | 3             | DAFILOR.....                    | 174     |
| CONTOUR NEXT LEV 2         |     | CRESTOR.....                   | 140           | dalbavancin.....                | 18      |
| CONTROL SOL .....          | 206 | CREXONT .....                  | 71            | dalfampridine.....              | 76      |
| CONTOUR NEXT LINK ....     | 207 | CRINONE .....                  | 301           | DALIRESP .....                  | 338     |
| CONTOUR NEXT LINK 2.4      |     | cromolyn.....                  | 260, 321, 338 | DALVANCE .....                  | 18      |
| .....                      | 206 | crotan .....                   | 186           | danazol.....                    | 243     |
| CONTOUR NEXT METER         | 207 | cryselle (28).....             | 308           | DANTRIUM.....                   | 80      |
| CONTOUR NEXT ONE           |     | CRYSVITA .....                 | 243           | dantrolene .....                | 80      |
| METER .....                | 207 | CTEXLI.....                    | 260           | DANYELZA .....                  | 37      |
| CONTOUR NEXT TEST          |     | CUPRIMINE .....                | 292           | DANZITEN.....                   | 38      |
| STRIPS.....                | 207 | CUTAQUIG .....                 | 276           | dapagliflozin .....             | 249     |
| CONTOUR PLUS BLUE          |     | CUVITRU .....                  | 277           | dapagliflozin-metformin.....    | 249     |
| METER .....                | 207 | CUVPOSA .....                  | 255           | dapagliflozin-saxagliptin ..... | 249     |
| CONTOUR PLUS TEST STRIP    |     | CUVRIOR.....                   | 188           | dapsone .....                   | 18, 163 |
| .....                      | 207 | cyclobenzaprine.....           | 80            | DAPSONE.....                    | 163     |
| CONTOUR TEST STRIPS..      | 207 | CYCLOGYL .....                 | 319           | DAPTACEL (DTAP                  |         |
| CONZIP .....               | 88  | CYCLOMYDRIL.....               | 331           | PEDIATRIC) (PF).....            | 277     |
| COPAXONE .....             | 115 | cyclopentolate.....            | 319           | daptomycin .....                | 18      |
| COPIKTRA.....              | 37  | cyclopen-tropic-phenyleph-watr |               | DAPTOMYCIN .....                | 18      |
| CORDRAN TAPE LARGE         |     | .....                          | 319           | DAPTOMYCIN IN 0.9 % SOD         |         |
| ROLL .....                 | 180 | CYCLOPENT-TROPIC-PHEN-         |               | CHLOR.....                      | 18      |
| COREG .....                | 121 | KETR-WAT .....                 | 319           | DARAPRIM.....                   | 18      |
| COREG CR .....             | 121 | cyclophosphamide.....          | 37            | darifenacin .....               | 347     |
| CORLANOR.....              | 144 | CYCLOPHOSPHAMIDE .....         | 37            | DARTISLA .....                  | 255     |
| corphena .....             | 332 | CYCLOP-TROP-PROPA-             |               | darunavir .....                 | 6       |
| CORTANE-B.....             | 154 | PHEN-KET-WAT .....             | 319           | DARZALEX.....                   | 38      |
| CORTEF.....                | 197 | cycloserine.....               | 18            | DARZALEX FASPRO .....           | 38      |
| CORTENEMA .....            | 259 | CYCLOSET .....                 | 249           | dasatinib.....                  | 38      |
| CORTIFOAM .....            | 259 | cyclosporine.....              | 37, 321       | dasetta 1/35 (28) .....         | 308     |
| corti-sav .....            | 173 | cyclosporine modified .....    | 37            | dasetta 7/7/7 (28) .....        | 309     |
| cortisone .....            | 197 | CYCLOTENS REFILL .....         | 80            | DATROWAY .....                  | 38      |
| CORTISPORIN-TC .....       | 197 | CYCLOTENS STARTER.....         | 80            | daunorubicin .....              | 38      |
| CORTROPHIN GEL.....        | 197 | CYLTEZO(CF) .....              | 292           | DAURISMO.....                   | 38      |
| COSELA .....               | 37  | CYLTEZO(CF) PEN.....           | 292           | DAWNZERA .....                  | 338     |

|                                |     |                                |          |                              |              |
|--------------------------------|-----|--------------------------------|----------|------------------------------|--------------|
| DAXXIFY .....                  | 277 | DERMACINRX THERAZOLE           |          | dextroamphetamine-           |              |
| DAYBUE .....                   | 76  | PAK .....                      | 174      | amphetamine.....             | 102          |
| DAYBUE STIX .....              | 76  | dermacure .....                | 154      | DHIVY .....                  | 71           |
| daysee .....                   | 309 | derma-r .....                  | 154      | DIACOMIT .....               | 62           |
| DAYTRANA .....                 | 101 | DERMA-SMOOTH/FS                |          | DIADIMAXIA .....             | 164          |
| DAYVIGO .....                  | 101 | BODY OIL .....                 | 180      | dialyvite 800 .....          | 354          |
| DAZAVEIDAOXIA .....            | 163 | DERMA-SMOOTH/FS                |          | DIAOXIA .....                | 164          |
| DAZINIA .....                  | 154 | SCALP OIL .....                | 180      | DIASAXIATAR.....             | 164          |
| DAZOMON .....                  | 163 | DERMASO PLUS.....              | 154      | DIASDIMAXIA.....             | 164          |
| DDAVP .....                    | 243 | DERMAWERX SDS .....            | 180      | DIASOXIA.....                | 164          |
| DEBACTEROL .....               | 194 | DERMOTIC OIL .....             | 196      | DIATRUE CONTROL SOLN         |              |
| deblitane .....                | 301 | DESCOVY .....                  | 6        | NORMAL.....                  | 207          |
| decitabine .....               | 38  | desipramine .....              | 101      | DIATRUE PLUS BLOOD           |              |
| deferasirox.....               | 188 | desloratadine.....             | 332      | GLUCOSE MET .....            | 208          |
| deferiprone .....              | 188 | DESCLORATADINE.....            | 332      | DIATRUE PLUS TEST STRIP      |              |
| deflazacort .....              | 197 | DESMODA .....                  | 243      | .....                        | 208          |
| DELESTROGEN .....              | 301 | desmopressin .....             | 243      | diazepam.....                | 63, 102      |
| DELIBON .....                  | 174 | DESMOPRESSIN .....             | 243      | diazepam intensol .....      | 102          |
| DELSTRIGO.....                 | 6   | desog-e.estradiol/e.estradiol  | 309      | diazoxide.....               | 235          |
| demeclocycline.....            | 27  | desonide.....                  | 180      | dichlorphenamide .....       | 76           |
| DENAVIR.....                   | 177 | desoximetasone .....           | 180      | DICLEGIS.....                | 260          |
| DENG VAXIA (PF).....           | 277 | DES OXYN.....                  | 101      | DICLOFENAC EPOLAMINE         |              |
| denta 5000 plus.....           | 194 | DESVENLAFAXINE .....           | 101      | .....                        | 88           |
| denta 5000 plus sensitive..... | 194 | desvenlafaxine succinate ..... | 101      | diclofenac potassium .....   | 88           |
| dentagel .....                 | 194 | dexabliss .....                | 197      | diclofenac sodium....        | 88, 89, 154, |
| DENVITA .....                  | 174 | dexamethasone .....            | 197, 198 | 324                          |              |
| DEOXIA.....                    | 164 | dexamethasone intensol.....    | 197      | DICLOFENAC                   |              |
| DEOXIADEMTAR.....              | 164 | dexamethasone sodium           |          | SUBMICRONIZED .....          | 89           |
| DEOXIATAR.....                 | 164 | phosphate.....                 | 328      | diclofenac-misoprostol ..... | 89           |
| DEOXIAVAR .....                | 164 | DEXAMETH-                      |          | DICLOFEX DC.....             | 89           |
| DEPAKOTE.....                  | 62  | MOXIFLOX(PF)-NACL,ISO          |          | DICLOFONO .....              | 89           |
| DEPAKOTE ER.....               | 62  | .....                          | 327      | DICLOGEN.....                | 89           |
| DEPAKOTE SPRINKLES ....        | 62  | DEXAMET-MOXIFL-                |          | DICLOPR.....                 | 89           |
| DEPEN TITRATABS .....          | 292 | KETORO-NACL(PF) .....          | 321      | DICLOSAICIN.....             | 89           |
| DEPO-ESTRADIOL .....           | 301 | dexchlorpheniramine maleate    |          | DICLOTRAL .....              | 89           |
| DEPO-PROVERA .....             | 301 | .....                          | 332      | DICLOTREX .....              | 89           |
| DEPO-SUBQ PROVERA 104          |     | DEXCOM G6 RECEIVER ..          | 207      | dicloxacillin .....          | 24           |
| .....                          | 301 | DEXCOM G6 SENSOR .....         | 207      | dicyclomine .....            | 255          |
| DEPO-TESTOSTERONE....          | 243 | DEXCOM G6 TRANSMITTER          |          | DICYCLOMINE .....            | 255          |
| DERMACINRX LEXITRAL 88         |     | .....                          | 207      | DIFFERIN .....               | 164          |
| dermacinrx lidocan.....        | 170 | DEXCOM G7 15 DAY               |          | DIFICID .....                | 15           |
| DERMACINRX LIDOGEL. 170        |     | SENSOR.....                    | 207      | diflorasone .....            | 180          |
| DERMACINRX LIDOREX 170         |     | DEXCOM G7 RECEIVER ..          | 207      | DIFLUCAN.....                | 3            |
| DERMACINRX PRENATRIX           |     | DEXCOM G7 SENSOR .....         | 207      | diflunisal .....             | 89           |
| .....                          | 354 | DEXEDRINE SPANSULE ..          | 101      | difluprednate.....           | 328          |
| DERMACINRX PRENATRYL           |     | DEXILANT.....                  | 268      | DIFMETIOXRIME .....          | 174          |
| .....                          | 354 | dexlansoprazole .....          | 268      | digoxin.....                 | 131          |
| DERMACINRX PRETRATE            |     | dexmethylphenidate.....        | 101, 102 | dihydroergotamine.....       | 73           |
| .....                          | 354 | DEXTENZA.....                  | 328      | DILANTIN .....               | 63           |
| dermacinrx prizopak.....       | 170 | dextroamphetamine sulfate...   | 102      | DILANTIN EXTENDED.....       | 63           |
|                                |     |                                |          | DILANTIN INFATABS .....      | 63           |

|                               |          |                                |        |                         |     |
|-------------------------------|----------|--------------------------------|--------|-------------------------|-----|
| DILANTIN-125 .....            | 63       | doxorubicin, peg-liposomal.... | 38     | E.E.S. GRANULES.....    | 15  |
| DILAUDID .....                | 83       | doxy-100.....                  | 27     | EASY PLUS II HIGH       |     |
| diltiazem .....               | 122      | doxycycline hyclate.....       | 27     | CONTROL .....           | 208 |
| dilt-xr.....                  | 122      | DOXYCYCLINE HYCLATE            | 27     | EASY PLUS II TEST.....  | 208 |
| DIMENTHO.....                 | 89       | doxycycline monohydrate        | 27, 28 | EASY STEP .....         | 208 |
| dimethyl fumarate .....       | 115      | doxylamine-pyridoxine (vit b6) |        | EASY STEP BLOOD         |     |
| DIMOXIA .....                 | 164      | .....                          | 260    | GLUCOSE METER.....      | 208 |
| DIOCHLOY .....                | 147      | DRAXACE.....                   | 164    | EASY STEP HIGH CONTROL  |     |
| DIONARIS.....                 | 174      | DRAXACEY.....                  | 164    | SOLN.....               | 208 |
| DIOOXIA.....                  | 147      | drithocrema hp.....            | 147    | EASY TALK GLUCOSE TEST  |     |
| DIOVAN .....                  | 122      | DRIXECE.....                   | 164    | .....                   | 208 |
| DIOVAN HCT .....              | 122      | DRIZALMA SPRINKLE....          | 102    | EASY TALK HIGH          |     |
| diphenoxylate-atropine.....   | 255      | dronabinol.....                | 260    | CONTROL .....           | 209 |
| DIPROLENE (AUGMENTED)         |          | drospirenone-e.estradiol-lm.fa |        | EASY TALK PLUS II LOW   |     |
| .....                         | 181      | .....                          | 309    | CONTROL .....           | 209 |
| dipyridamole.....             | 133      | drospirenone-ethinyl estradiol |        | EASY TALK PLUS II TEST  |     |
| diskets.....                  | 83       | .....                          | 309    | STRIP .....             | 209 |
| disopyramide phosphate.....   | 117      | DROXIA .....                   | 38     | EASY TOUCH BLU CTRL     |     |
| disulfiram .....              | 188      | droxidopa.....                 | 188    | SOLN-L1,L3 .....        | 209 |
| DITHOL .....                  | 89       | DRYSOL DAB-O-MATIC ..          | 154    | EASY TOUCH BLULINK      |     |
| divalproex.....               | 63       | DSUVIA.....                    | 83     | GLUC SYST .....         | 209 |
| DIVENDO.....                  | 174      | DUAKLIR PRESSAIR .....         | 338    | EASY TOUCH BLULINK      |     |
| DIVIGEL.....                  | 301      | DUAVEE.....                    | 301    | TEST STRIP.....         | 209 |
| DIVINIX .....                 | 181      | DUETACT .....                  | 249    | EASY TOUCH GLUCOSE      |     |
| docetaxel.....                | 38       | dulcolax (magnesium            |        | MONITOR .....           | 209 |
| DOCIVYX .....                 | 38       | hydroxide) .....               | 260    | EASY TOUCH HEALTHPRO    |     |
| dofetilide.....               | 117      | DULERA.....                    | 338    | SYSTEM .....            | 209 |
| DOJOLVI.....                  | 353      | duloxetine .....               | 102    | EASY TOUCH TEST STRIP   |     |
| dolishale .....               | 309      | DULOXICAINE .....              | 102    | .....                   | 209 |
| DOLOBID.....                  | 89, 90   | DUOBRII .....                  | 181    | EASY TRAK GLUCOSE TEST  |     |
| DOLOTRANZ .....               | 170      | DUOPA .....                    | 71     | .....                   | 210 |
| DOMELA .....                  | 181      | DUPIXENT PEN .....             | 154    | EASY TRAK II BLOOD      |     |
| donepezil .....               | 76       | DUPIXENT SYRINGE.....          | 154    | GLUCOSE MTR.....        | 210 |
| DONNATAL.....                 | 255      | DURATUSS AC .....              | 334    | EASY TRAK II CTRL SOLN- |     |
| DOPTELET (15 TAB PACK)        |          | DUREX AVANTI BARE              |        | NORMAL.....             | 210 |
| .....                         | 133      | REAL FEEL .....                | 299    | EASY TRAK II TEST STRIP |     |
| DOPTELET SPRINKLE.....        | 133      | DUREX TROPICAL                 |        | .....                   | 210 |
| DORAL .....                   | 102      | CONDOM .....                   | 299    | EASY TRAK LOW CONTROL   |     |
| DORYX.....                    | 27       | DUREZOL .....                  | 329    | .....                   | 210 |
| DORYX MPC .....               | 27       | DUROLANE.....                  | 90     | EASYGLUCO TEST .....    | 210 |
| dorzolamide.....              | 325      | DURYSTA .....                  | 325    | EASYMAX .....           | 211 |
| DORZOLAMIDE (PF) .....        | 325      | dutasteride .....              | 348    | EASYMAX 15 LEVEL 2....  | 210 |
| dorzolamide-timolol .....     | 325      | dutasteride-tamsulosin.....    | 348    | EASYMAX NG.....         | 210 |
| dorzolamide-timolol (pf)..... | 325      | DUVYZAT.....                   | 188    | EASYMAX NORMAL          |     |
| dotti.....                    | 301      | DYANAVEL XR .....              | 103    | CONTROL .....           | 210 |
| DOVATO .....                  | 6        | DYMISTA.....                   | 338    | EASYMAX T1 .....        | 211 |
| doxazosin.....                | 122      | DYNOMA .....                   | 181    | EASYMAX V SPEAKING      |     |
| doxepin .....                 | 102, 154 | DYRENIUM .....                 | 122    | GLUCOSE SYS .....       | 211 |
| doxercalciferol.....          | 244      | DYSPORT.....                   | 277    | EBGLYSS PEN.....        | 154 |
| DOXIL .....                   | 38       | E                              |        | EBGLYSS SYRINGE .....   | 155 |
| doxorubicin.....              | 38       | e.e.s. 400.....                | 15     | ECEOXIA.....            | 164 |

|                                        |     |                                         |             |                                        |     |
|----------------------------------------|-----|-----------------------------------------|-------------|----------------------------------------|-----|
| EC-NAPROSYN.....                       | 90  | ELIGARD (3 MONTH) .....                 | 39          | EMRELIS .....                          | 39  |
| econazole nitrate.....                 | 174 | ELIGARD (4 MONTH) .....                 | 39          | EMROSI .....                           | 28  |
| ECONAZOLE NITRATE....                  | 174 | ELIGARD (6 MONTH) .....                 | 39          | EMSAM .....                            | 103 |
| econtra ez.....                        | 309 | elinest.....                            | 309         | emtricitabine .....                    | 6   |
| econtra one-step.....                  | 309 | ELIQUIS .....                           | 133         | emtricitabine-tenofovir (tdf).....     | 6   |
| ecotrin low strength.....              | 90  | ELIQUIS DVT-PE TREAT 30D<br>START ..... | 133         | emtricitabine-tenofovir (tdf).....     | 7   |
| ECOZA.....                             | 174 | ELIQUIS SPRINKLE .....                  | 133         | EMTRIVA .....                          | 7   |
| edaravone .....                        | 76  | ELLA.....                               | 309         | emulsion sb .....                      | 155 |
| EDARBI.....                            | 122 | ELLENCE .....                           | 39          | EMVERM.....                            | 18  |
| EDARBYCLOR.....                        | 123 | ELLZIA PAK .....                        | 181         | emzabh.....                            | 302 |
| EDECRIN.....                           | 123 | ELMIRON.....                            | 349         | enalapril maleate.....                 | 123 |
| EDEX .....                             | 349 | ELOCTATE .....                          | 133         | enalapril-hydrochlorothiazide<br>..... | 123 |
| EDLUAR.....                            | 103 | ELREXFIO.....                           | 39          | ENBREL.....                            | 292 |
| ed-spaz.....                           | 255 | eltrombopag olamine.....                | 133         | ENBREL MINI .....                      | 292 |
| EDURANT .....                          | 6   | eluryng.....                            | 305         | ENBREL SURECLICK .....                 | 293 |
| EDURANT PED .....                      | 6   | ELYXYB.....                             | 73          | ENBUMYST .....                         | 123 |
| eemt .....                             | 302 | ELYZIA.....                             | 155         | ENCELTO .....                          | 321 |
| eemt hs.....                           | 301 | ELYZIA (WITH<br>HYALURONATE) .....      | 155         | ENDARI.....                            | 188 |
| efavirenz .....                        | 6   | ELZONRIS.....                           | 39          | endocet.....                           | 83  |
| efavirenz-emtricitabin-tenofov.        | 6   | EMBLAVEO.....                           | 18          | ENDOMETRIN.....                        | 302 |
| efavirenz-lamivu-tenofov disop         | 6   | EMBRACE BLOOD<br>GLUCOSE SYSTEM.....    | 211,<br>212 | ENFLONSIA.....                         | 7   |
| effer-k .....                          | 351 | EMBRACE EVO LEVEL 1.                    | 212         | ENGERIX-B (PF) .....                   | 277 |
| EFFER-K.....                           | 351 | EMBRACE EVO TEST<br>STRIPS.....         | 212         | ENGERIX-B PEDIATRIC (PF)<br>.....      | 277 |
| EFFEXOR XR.....                        | 103 | EMBRACE GLUCOSE<br>CONTROL LOW .....    | 212         | ENHERTU .....                          | 39  |
| EFFIENT .....                          | 133 | EMBRACE PRO GLUCOSE<br>METER .....      | 212         | enilloring.....                        | 305 |
| EFUDEX .....                           | 155 | EMBRACE PRO TEST STRIPS<br>.....        | 212         | ENJAYMO .....                          | 188 |
| EGRIFTA SV .....                       | 273 | EMBRACE TALK BLOOD<br>GLUCOSE SYS ..... | 212         | ENOBY .....                            | 286 |
| EGRIFTA WR.....                        | 273 | EMBRACE TALK CONTROL-<br>LOW (L1).....  | 212         | enoxaparin .....                       | 133 |
| EKTERLY.....                           | 339 | EMBRACE TALK TEST<br>STRIPS.....        | 212         | ENOXILUV .....                         | 134 |
| ELAHERE.....                           | 39  | EMBRACE WAVE<br>CONTROL-HIGH (L2)....   | 213         | enpresse .....                         | 309 |
| ELAPRASE.....                          | 244 | EMBRACE WAVE PLUS<br>GLUCOSE MTR.....   | 213         | ENSACOVE.....                          | 39  |
| ELELYSO .....                          | 244 | embriva.....                            | 354         | enskyce .....                          | 309 |
| ELEMENT COMPACT<br>GLUCOSE METER.....  | 211 | EMEND.....                              | 260         | ENSPRYNG .....                         | 39  |
| ELEMENT COMPACT<br>NORMAL CONTROL..... | 211 | EMFLAZA .....                           | 198         | ENSTILAR.....                          | 147 |
| ELEMENT COMPACT TEST<br>STRIPS.....    | 211 | EMGALITY PEN.....                       | 73          | entacapone .....                       | 71  |
| ELEMENT COMPACT V<br>GLUCOSE MTR.....  | 211 | EMGALITY SYRINGE.....                   | 73          | ENTADFI.....                           | 348 |
| ELEMENT NORMAL<br>CONTROL .....        | 211 | EMPAVELI.....                           | 188         | entecavir .....                        | 7   |
| ELEMENT PLUS BLOOD<br>GLUCOSE KIT..... | 211 | EMPLICITI .....                         | 39          | ENTRESTO.....                          | 144 |
| ELEMENT TEST STRIPS...                 | 211 |                                         |             | ENTRESTO SPRINKLE.....                 | 144 |
| ELEPSIA XR .....                       | 63  |                                         |             | ENTTY .....                            | 155 |
| ELESTRIN.....                          | 302 |                                         |             | ENTYVIO .....                          | 260 |
| eletriptan.....                        | 73  |                                         |             | ENTYVIO PEN.....                       | 260 |
| ELEVIDYS .....                         | 188 |                                         |             | enulose.....                           | 260 |
| ELFABRIO .....                         | 244 |                                         |             | ENVARUSUS XR .....                     | 39  |
| ELIGARD .....                          | 39  |                                         |             | EOHILIA .....                          | 260 |
|                                        |     |                                         |             | EPANED .....                           | 123 |
|                                        |     |                                         |             | EPCLUSA .....                          | 7   |
|                                        |     |                                         |             | EPICERAM.....                          | 155 |
|                                        |     |                                         |             | EPIDIOLEX .....                        | 63  |

|                                 |         |                                  |      |                             |     |
|---------------------------------|---------|----------------------------------|------|-----------------------------|-----|
| EPIDUO FORTE.....               | 165     | ESCITALOPRAM OXALATE             |      | EVKEEZA.....                | 140 |
| EPIFOAM .....                   | 147     | .....                            | 103  | EVOLUTION BLOOD             |     |
| epinastine.....                 | 321     | eslicarbazepine .....            | 63   | GLUCOSE METER.....          | 214 |
| epinephrine .....               | 332     | esomeprazole magnesium....       | 268, | EVOLUTION NORMAL            |     |
| EPINEPHRINE .....               | 332     | 269                              |      | CONTROL .....               | 214 |
| EPINEPHRINE                     |         | ESPEROCT .....                   | 134  | EVOLUTION TEST STRIPS       |     |
| PROFESSIONAL.....               | 333     | estaryllo .....                  | 309  | .....                       | 214 |
| EPINEPHRINESNAP .....           | 333     | estazolam .....                  | 103  | EVOMELA.....                | 40  |
| EPINEPHRINESNAP-EMS             | 333     | ESTRACE .....                    | 302  | EVOTAZ .....                | 7   |
| EPINEPHRINESNAP-V.....          | 333     | estradiol .....                  | 302  | EVOXAC .....                | 188 |
| EPIOXA .....                    | 321     | estradiol valerate.....          | 302  | EVRYSDI.....                | 76  |
| EIPEN .....                     | 333     | estradiol-norethindrone acet.    | 302  | EXDENSUR.....               | 339 |
| EIPEN JR .....                  | 333     | ESTRING .....                    | 302  | EXELDERM .....              | 175 |
| epirubicin.....                 | 39      | ESTROGEL.....                    | 302  | EXELON PATCH.....           | 76  |
| EPIVIR .....                    | 7       | estrogens-methyltestosterone     | 303  | exemestane .....            | 40  |
| EPKINLY.....                    | 39      | eszopiclone .....                | 103  | EXFORGE.....                | 123 |
| eplerenone .....                | 123     | ethacrynic acid.....             | 123  | EXFORGE HCT.....            | 123 |
| EPOGEN .....                    | 271     | ethambutol .....                 | 19   | EXJADE .....                | 188 |
| epoprostenol .....              | 123     | ethosuximide .....               | 63   | EXODERM .....               | 175 |
| EPRONTIA .....                  | 63      | ETHOXIA .....                    | 165  | EXONDYS-51.....             | 76  |
| EPSOLAY .....                   | 165     | ethyl chloride.....              | 170  | EXTENCILLINE .....          | 24  |
| EPYSQLI .....                   | 188     | etodolac .....                   | 90   | EXXUA .....                 | 103 |
| EQUETRO .....                   | 63      | etonogestrel-ethinyl estradiol   | 305  | EYLEA .....                 | 321 |
| ERAXIS(WATER DILUENT) 3         |         | ETOPOPHOS .....                  | 40   | EYLEA HD .....              | 321 |
| ERBITUX.....                    | 40      | etoposide.....                   | 40   | EYSUVIS .....               | 329 |
| ergoloid.....                   | 103     | etravirine.....                  | 7    | EZ SMART PLUS SYSTEM        |     |
| ERGOMAR.....                    | 73      | EUCRISA .....                    | 155  | .....                       | 214 |
| ergotamine-caffeine.....        | 73      | EUFLEXXA .....                   | 90   | EZ SMART PLUS TEST .....    | 214 |
| eribulin .....                  | 40      | EULEXIN.....                     | 40   | EZ SMART SYSTEM.....        | 214 |
| ERIVEDGE .....                  | 40      | EURAX .....                      | 186  | EZ SMART TEST.....          | 214 |
| ERLEADA .....                   | 40      | EVAMIST .....                    | 303  | ezetimibe.....              | 140 |
| erlotinib .....                 | 40      | EVEKEO .....                     | 103  | EZETIMIBE-                  |     |
| errin .....                     | 302     | EVENCARE G2.....                 | 213  | ROSUVASTATIN .....          | 140 |
| ERTACZO .....                   | 175     | EVENCARE G3 GLUCOSE              |      | ezetimibe-simvastatin ..... | 140 |
| ertapenem .....                 | 18      | METER .....                      | 213  | <b>F</b>                    |     |
| ery pads .....                  | 165     | EVENCARE G3 TEST .....           | 213  | FABHALTA.....               | 189 |
| ERYPED 200 .....                | 15      | EVENCARE MINI GLUCOSE            |      | FABIOR .....                | 165 |
| ERYPED 400 .....                | 16      | TEST STR .....                   | 213  | FABRAZYME .....             | 244 |
| ery-tab.....                    | 16      | EVENCARE MINI MONITOR            |      | falmina (28) .....          | 309 |
| ERY-TAB.....                    | 16      | SYSTEM .....                     | 213  | famciclovir.....            | 7   |
| ERYTHROCIN .....                | 16      | EVENCARE PROVIEW TEST            |      | famotidine.....             | 269 |
| erythrocine (as stearate) ..... | 16      | STRIP .....                      | 213  | FANAPT.....                 | 104 |
| erythromycin .....              | 16, 316 | EVENITY.....                     | 286  | FANAPT TITRATION PACK       |     |
| erythromycin ethylsuccinate ..  | 16      | everolimus (antineoplastic) .... | 40   | A .....                     | 104 |
| erythromycin lactobionate.....  | 16      | everolimus                       |      | FANAPT TITRATION PACK       |     |
| erythromycin with ethanol ...   | 165     | (immunosuppressive) .....        | 40   | B .....                     | 104 |
| erythromycin-benzoyl peroxide   |         | EVERSENSE 365 SENSOR             | 214  | FANAPT TITRATION PACK       |     |
| .....                           | 165     | EVERSENSE 365                    |      | C .....                     | 104 |
| ESBRIET.....                    | 339     | TRANSMITTER.....                 | 214  | FARESTON .....              | 40  |
| escitalopram oxalate.....       | 103     | evexithroid.....                 | 253  | FARXIGA .....               | 249 |
|                                 |         | EVISTA.....                      | 286  | FASENRA.....                | 339 |

|                                    |     |                                   |          |                                |          |
|------------------------------------|-----|-----------------------------------|----------|--------------------------------|----------|
| FASENRA PEN .....                  | 339 | finbolimod .....                  | 115      | FLUORIDEX SENSITIVITY          |          |
| FASLODEX .....                     | 40  | FINTEPLA .....                    | 63       | RELIEF .....                   | 194      |
| FC2 FEMALE CONDOM ...              | 300 | finzala .....                     | 309      | FLUORIMAX 5000 .....           | 194      |
| febuxostat .....                   | 285 | FIORICET .....                    | 84       | FLUORIMAX 5000                 |          |
| FEIBA NF .....                     | 134 | FIRAZYR .....                     | 339      | SENSITIVE .....                | 194      |
| feirza .....                       | 309 | FIRDAPSE .....                    | 76       | fluorometholone .....          | 329      |
| felbamate .....                    | 63  | FIRMAGON KIT W DILUENT            |          | fluorouracil .....             | 41, 155  |
| FELBATOL .....                     | 63  | SYRINGE .....                     | 40       | FLUOROURACIL .....             | 155      |
| felodipine .....                   | 123 | FIRVANQ .....                     | 30       | fluoxetine .....               | 104      |
| fem ph .....                       | 305 | flac otic oil .....               | 196      | FLUOXIA .....                  | 181      |
| FEMARA .....                       | 40  | FLAREX .....                      | 329      | fluphenazine hcl .....         | 104      |
| FEMCAP .....                       | 300 | flavoxate .....                   | 347      | flurandrenolide .....          | 182      |
| FEMLYV .....                       | 309 | FLEBOGAMMA DIF .....              | 277      | flurazepam .....               | 105      |
| FEMRING .....                      | 303 | flecainide .....                  | 117      | flurbiprofen .....             | 90       |
| fenofibrate .....                  | 140 | FLECTOR .....                     | 90       | flurbiprofen sodium .....      | 324      |
| FENOFIBRATE .....                  | 140 | FLEQSUVY .....                    | 80       | FLUTICASONE FUROATE .....      | 339      |
| fenofibrate micronized .....       | 140 | FLOLAN .....                      | 123      | FLUTICASONE FUROATE-           |          |
| fenofibrate nanocrystallized ..... | 140 | FLOLIPID .....                    | 141      | VILANTEROL .....               | 339      |
| fenofibric acid .....              | 141 | flotrex .....                     | 354      | fluticasone propionate .....   | 182, 339 |
| fenofibric acid (choline) .....    | 141 | floxuridine .....                 | 40       | FLUTICASONE                    |          |
| fenopropfen .....                  | 90  | FLUAD 2025-2026 (65 YR            |          | PROPIONATE .....               | 339      |
| FENOPROFEN .....                   | 90  | UP)(PF) .....                     | 277      | fluticasone propion-salmeterol |          |
| FENOPRON .....                     | 90  | FLUARIX 2025-2026 (PF) .....      | 277      | .....                          | 340      |
| FENOVAR .....                      | 90  | FLUBLOK 2025-2026 (PF) .....      | 277      | FLUTICASONE PROPION-           |          |
| FENOVIA .....                      | 175 | FLUCELVAX 2025-2026 .....         | 278      | SALMETEROL .....               | 340      |
| FENSOLVI .....                     | 40  | FLUCELVAX 2025-2026 (PF)          |          | fluvastatin .....              | 141      |
| fentanyl .....                     | 84  | .....                             | 278      | fluvoxamine .....              | 105      |
| ferric citrate .....               | 351 | fluconazole .....                 | 3        | FLUZONE 2025-2026 .....        | 278      |
| FERRIPROX .....                    | 189 | fluconazole in nacl (iso-osm) ... | 3        | FLUZONE 2025-2026 (PF) .....   | 278      |
| FERRIPROX (2 TIMES A               |     | flucytosine .....                 | 3        | FLUZONE HIGH-DOSE 2025-        |          |
| DAY) .....                         | 189 | fludarabine .....                 | 40, 41   | 26 (PF) .....                  | 278      |
| FERVINA .....                      | 175 | fludrocortisone .....             | 198      | FML FORTE .....                | 329      |
| FESILTY .....                      | 134 | FLULAVAL 2025-2026 (PF)           |          | FML LIQUIFILM .....            | 329      |
| fesoterodine .....                 | 347 | .....                             | 278      | FOCALIN .....                  | 105      |
| FETROJA .....                      | 15  | FLUMADINE .....                   | 7        | FOCALIN XR .....               | 105      |
| FETZIMA .....                      | 104 | FLUMIST 2025-2026 .....           | 278      | FOLATEXCEL .....               | 354      |
| FEXMID .....                       | 80  | FLUMIST HOME 2025-2026            |          | folic acid .....               | 354      |
| FIASP FLEXTOUCH U-100              |     | .....                             | 278      | folitab .....                  | 354      |
| INSULIN .....                      | 237 | flunisolide .....                 | 339      | FOLLISTIM AQ .....             | 244      |
| FIASP PENFILL U-100                |     | fluocinolone .....                | 181      | FOLOTYN .....                  | 41       |
| INSULIN .....                      | 237 | fluocinolone acetone oil ....     | 196      | foltabs 800 .....              | 354      |
| FIASP PUMPCART .....               | 238 | fluocinolone and shower cap ..... | 181      | fondaparinux .....             | 134      |
| FIASP U-100 INSULIN .....          | 238 | fluocinonide .....                | 181      | FONDCIRCLE BLOOD               |          |
| FIBRICOR .....                     | 141 | fluocinonide-e .....              | 181      | GLUCOSE MONTR .....            | 214      |
| FIBRYGA .....                      | 134 | FLUOPAR .....                     | 181      | FONDCIRCLE CONTROL             |          |
| fidaxomicin .....                  | 16  | FLUORESCEIN-                      |          | SOLUTION .....                 | 214      |
| FIDILA .....                       | 175 | BENOXINATE .....                  | 321      | FORA 6 CONNECT                 |          |
| FILOMA .....                       | 175 | fluorescein-proparacaine .....    | 321      | GLUCOSE STRIP .....            | 215      |
| FILSPARI .....                     | 144 | fluoride (sodium) .....           | 194, 354 | FORA 6CONN-GTEL-TN'G           |          |
| FINACEA .....                      | 165 | FLUORIDEX DAILY                   |          | ADV STRIP .....                | 215      |
| finasteride .....                  | 348 | DEFENSE .....                     | 194      |                                |          |

|                                          |     |                                         |     |                                         |        |
|------------------------------------------|-----|-----------------------------------------|-----|-----------------------------------------|--------|
| FORA D40D GLUCOSE-BP<br>MONITOR .....    | 215 | FOSAMAX .....                           | 286 | FUROSCIX .....                          | 123    |
| FORA D40-G31 TEST STRIPS<br>.....        | 215 | FOSAMAX PLUS D .....                    | 287 | furosemide .....                        | 124    |
| FORA G20 .....                           | 215 | fosamprenavir .....                     | 7   | FYARRO .....                            | 41     |
| FORA G30A .....                          | 215 | foscarnet .....                         | 7   | fyavolv .....                           | 303    |
| FORA GD50 BLOOD<br>GLUCOSE SYSTEM .....  | 215 | FOSCAVIR .....                          | 7   | FYCOMPA .....                           | 63, 64 |
| FORA GD50 TEST STRIPS                    | 216 | fosfomycin tromethamine .....           | 29  | FYLNETRA .....                          | 271    |
| FORA GTEL GLUCOSE TEST<br>STRIP .....    | 216 | fosinopril .....                        | 123 | fyremadel .....                         | 244    |
| FORA GTEL MULTI-<br>FUNCTN MONITOR ..... | 216 | fosinopril-hydrochlorothiazide<br>..... | 123 | <b>G</b>                                |        |
| FORA KETONE CONTROL<br>SOLN-L1 .....     | 216 | FOSRENOL .....                          | 351 | g tussin ac .....                       | 334    |
| FORA NORMAL CONTROL<br>.....             | 216 | FOTIVDA .....                           | 41  | gabapentin .....                        | 64     |
| FORA PREMIUM V10<br>GLUCOSE METER .....  | 216 | FRAGMIN .....                           | 134 | GABARONE .....                          | 64     |
| FORA TEST N'GO VOICE<br>METER .....      | 216 | FREESTYLE CONTROL ...                   | 218 | GALAFOLD .....                          | 244    |
| FORA TEST STRIP .....                    | 216 | FREESTYLE FREEDOM ...                   | 218 | galantamine .....                       | 76, 77 |
| FORA TN'G ADV MOBILE<br>MULTI MTR .....  | 216 | FREESTYLE FREEDOM LITE<br>.....         | 218 | galbria .....                           | 309    |
| FORA TN'G ADVAN PRO<br>TEST STRIP .....  | 217 | FREESTYLE INSULINX ...                  | 218 | gallifrey .....                         | 303    |
| FORA TN'G ADVANCE<br>MULTI-FN MTR .....  | 217 | FREESTYLE INSULINX TEST<br>STRIPS ..... | 218 | GALZIN .....                            | 351    |
| FORA TN'G ADVANCE PRO<br>MONITOR .....   | 217 | FREESTYLE LIBRE 14 DAY<br>READER .....  | 218 | GAMASTAN .....                          | 278    |
| FORA TN'G VOICE METER<br>.....           | 217 | FREESTYLE LIBRE 14 DAY<br>SENSOR .....  | 218 | GAMIFANT .....                          | 41     |
| FORA TN'G VOICE TEST<br>STRIPS .....     | 217 | FREESTYLE LIBRE 2 PLUS<br>SENSOR .....  | 218 | GAMMAGARD LIQUID ...                    | 278    |
| FORA V10 .....                           | 217 | FREESTYLE LIBRE 2<br>READER .....       | 218 | GAMMAGARD LIQUID ERC<br>.....           | 278    |
| FORA V10-V12-D10-D20<br>STRIPS .....     | 217 | FREESTYLE LIBRE 2<br>SENSOR .....       | 218 | GAMMAGARD S-D (IGA < 1<br>MCG/ML) ..... | 278    |
| FORA V12 BLOOD GLUCOSE<br>SYSTEM .....   | 217 | FREESTYLE LIBRE 3 PLUS<br>SENSOR .....  | 218 | GAMMAKED .....                          | 278    |
| FORACARE GD20 .....                      | 218 | FREESTYLE LIBRE 3<br>READER .....       | 218 | GAMMAPLEX .....                         | 279    |
| FORACARE GD20 GLUCOSE<br>METER .....     | 217 | FREESTYLE LIBRE 3<br>SENSOR .....       | 219 | GAMMAPLEX (WITH<br>SORBITOL) .....      | 279    |
| FORACARE GD40 TEST<br>STRIPS .....       | 218 | FREESTYLE LITE METER                    | 219 | GAMUNEX-C .....                         | 279    |
| FORACARE GD40B<br>GLUCOSE METER .....    | 218 | FREESTYLE LITE STRIPS                   | 219 | ganciclovir sodium .....                | 7      |
| FORACARE GDH LOW<br>CONTROL .....        | 218 | FREESTYLE PRECISION<br>NEO METER .....  | 219 | ganirelix .....                         | 244    |
| formoterol fumarate .....                | 340 | FREESTYLE PRECISION<br>NEO STRIPS ..... | 219 | GARDASIL 9 (PF) .....                   | 279    |
| FORTEO .....                             | 286 | FREESTYLE TEST .....                    | 219 | GASTROCROM .....                        | 260    |
| FORZINITY .....                          | 189 | FRINDOVYX .....                         | 41  | gatifloxacin .....                      | 316    |
|                                          |     | FRIVO .....                             | 175 | GATTEX 30-VIAL .....                    | 260    |
|                                          |     | FROTEK .....                            | 90  | gavilax .....                           | 260    |
|                                          |     | frovatriptan .....                      | 73  | gavilyte-c .....                        | 260    |
|                                          |     | FRUZAQLA .....                          | 41  | gavilyte-g .....                        | 260    |
|                                          |     | full spectrum b-vitamin c .....         | 355 | gavilyte-n .....                        | 260    |
|                                          |     | FULPHILA .....                          | 271 | GAVRETO .....                           | 41     |
|                                          |     | fulvestrant .....                       | 41  | GAZYVA .....                            | 41     |
|                                          |     | FURADANTIN .....                        | 29  | GE100 BLOOD GLUCOSE<br>SYSTEM .....     | 219    |
|                                          |     |                                         |     | GE100 BLOOD GLUCOSE<br>TEST STRIP ..... | 219    |
|                                          |     |                                         |     | GE100 CONTROL SOLUTION<br>NORMAL .....  | 219    |
|                                          |     |                                         |     | GE333 BLOOD GLUCOSE<br>SYSTEM .....     | 219    |
|                                          |     |                                         |     | GE333 BLOOD GLUCOSE<br>TEST STRIP ..... | 219    |
|                                          |     |                                         |     | gefitinib .....                         | 41     |

|                                  |              |                               |          |                                   |          |
|----------------------------------|--------------|-------------------------------|----------|-----------------------------------|----------|
| GELCLAIR .....                   | 194          | GLUCOCARD 01 METER .....      | 220      | GONITRO .....                     | 144      |
| GEL-ONE.....                     | 91           | GLUCOCARD 01 NORMAL           |          | GOPRELTO .....                    | 171      |
| GELSYN-3.....                    | 91           | CONTROL .....                 | 220      | GRAFAPEX.....                     | 42       |
| gemcitabine .....                | 41           | GLUCOCARD 01 SENSOR           |          | GRALISE .....                     | 64       |
| GEMCITABINE .....                | 41           | PLUS .....                    | 220      | granisetron hcl .....             | 261      |
| gemfibrozil .....                | 141          | GLUCOCARD EXPRESSION          |          | GRANISOL.....                     | 261      |
| gemmily.....                     | 309          | .....                         | 220      | GRANIX.....                       | 271      |
| GEMTESA .....                    | 347          | GLUCOCARD SHINE               |          | griseofulvin microsize .....      | 3        |
| generlac .....                   | 261          | CONNEX METER.....             | 220      | griseofulvin ultramicrosize ..... | 4        |
| gengraf.....                     | 41           | GLUCOCARD SHINE               |          | guanfacine.....                   | 105, 124 |
| GENOTROPIN .....                 | 274          | EXPRESS METER .....           | 220      | GUARDIAN 4 GLUCOSE                |          |
| GENOTROPIN MINIQUECK             |              | GLUCOCARD SHINE METER         |          | SENSOR.....                       | 222      |
| .....                            | 274          | .....                         | 220      | GUARDIAN 4                        |          |
| GENSTRIP TEST STRIP ....         | 219          | GLUCOCARD SHINE TEST          |          | TRANSMITTER .....                 | 222      |
| gentamicin .....                 | 19, 173, 317 | STRIPS.....                   | 220      | GUARDIAN SENSOR 3 ....            | 222      |
| gentamicin in nacl (iso-osm) ..  | 19           | GLUCOCARD SHINE XL            |          | GVOKE .....                       | 235      |
| GENTAMICIN IN NACL (ISO-         |              | METER .....                   | 221      | GVOKE HYPOPEN 2-PACK              |          |
| OSM).....                        | 19           | GLUCOCARD VITAL .....         | 221      | .....                             | 235      |
| gentamicin sulfate (ped) (pf) .. | 19           | GLUCOCARD VITAL               |          | GVOKE PFS 2-PACK                  |          |
| GENTEEL VACUUM                   |              | SENSOR.....                   | 221      | SYRINGE.....                      | 235      |
| LANCING DEVICE .....             | 236          | GLUCOCARD VITAL TEST          |          | GYNAZOLE-1 .....                  | 305      |
| gentle laxative (bisacodyl) ...  | 261          | STRIPS.....                   | 221      | <b>H</b>                          |          |
| gentle laxative (mag hydrox)     | 261          | GLUCOCOM BLOOD                |          | HADLIMA .....                     | 293      |
| gentlelax .....                  | 261          | GLUCOSE.....                  | 221      | HADLIMA PUSHTOUCH ..              | 293      |
| GENVISC 850.....                 | 91           | GLUCOCOM CONTROL              |          | HADLIMA(CF).....                  | 293      |
| GENVOYA .....                    | 7            | NORMAL.....                   | 221      | HADLIMA(CF) PUSHTOUCH             |          |
| GEODON.....                      | 105          | GLUCOCOM GLUCOSE....          | 221      | .....                             | 293      |
| gestyra .....                    | 355          | GLUCOSE CONTROL.....          | 221      | HAEGARDA.....                     | 340      |
| GILENYA .....                    | 115          | GLUCOSE KETONE                |          | hailey .....                      | 310      |
| GILOTRIF.....                    | 41           | CONTROL SOLN.....             | 221      | hailey 24 fe .....                | 309      |
| GIMOTI .....                     | 261          | glutamine (sickle cell) ..... | 189      | hailey fe 1.5/30 (28) .....       | 309      |
| GIVLAARI.....                    | 189          | glyburide.....                | 250      | hailey fe 1/20 (28) .....         | 310      |
| GLASSIA .....                    | 189          | glyburide-metformin .....     | 250      | HALAVEN.....                      | 42       |
| glatiramer .....                 | 115          | GLYCATE .....                 | 256      | halcinonide .....                 | 182      |
| glatopa .....                    | 115          | glycerol phenylbutyrate ..... | 189      | HALCION .....                     | 105      |
| GLEEVEC.....                     | 42           | glycopyrrolate.....           | 256      | halobetasol propionate..          | 182, 183 |
| GLEOSTINE.....                   | 42           | GLYXAMBI .....                | 250      | HALOBETASOL                       |          |
| glimepiride .....                | 249          | GM100.....                    | 221, 222 | PROPIONATE .....                  | 183      |
| GLIMEPIRIDE .....                | 249          | GOCOVRI.....                  | 71       | haloette .....                    | 305      |
| glipizide.....                   | 249, 250     | GOJJI BLOOD GLUCOSE           |          | HALOG .....                       | 183      |
| GLIPIZIDE.....                   | 250          | TEST STRIP.....               | 222      | haloperidol.....                  | 105      |
| glipizide-metformin.....         | 250          | GOJJI GLUCOSE CNTRL           |          | haloperidol lactate .....         | 105      |
| GLOPERBA.....                    | 285          | SOL-NORMAL.....               | 222      | HALUCORT .....                    | 155      |
| GLUCAGON (HCL)                   |              | GOJJI KETONE CONTROL          |          | HAPRODERM.....                    | 155      |
| EMERGENCY KIT .....              | 235          | SOLN-L1.....                  | 222      | HARLIKU .....                     | 189      |
| glucagon emergency kit           |              | GOJJI MULTI-FUNCTIONAL        |          | HARMONY GLUCOSE TEST              |          |
| (human) .....                    | 235          | METER .....                   | 222      | STRIP .....                       | 222      |
| GLUCO NAVII GLUCOSE              |              | GOLYTELY.....                 | 261      | HARVONI.....                      | 7        |
| MONITOR .....                    | 219          | GOMEKLI.....                  | 42       | HAVRIX (PF) .....                 | 279      |
| GLUCO NAVII TEST STRIP           |              | GONAL-F .....                 | 244      | HAXCHLO.....                      | 175      |
| .....                            | 220          | GONAL-F RFF REDI-JECT         | 244      | HAXCHLODREX.....                  | 175      |



|                                |     |                         |     |                                 |               |
|--------------------------------|-----|-------------------------|-----|---------------------------------|---------------|
| HAXDRAX.....                   | 175 | homatropaire.....       | 319 | HUMULIN N NPH INSULIN           |               |
| HEALTHPRO GLUCOSE              |     | HORIZANT.....           | 77  | KWIKPEN.....                    | 238           |
| MONITOR .....                  | 222 | HOVYN.....              | 155 | HUMULIN N NPH U-100             |               |
| HEALTHPRO HIGH-LOW             |     | hpr.....                | 155 | INSULIN .....                   | 239           |
| CONTROL .....                  | 222 | hpr plus.....           | 155 | HUMULIN R REGULAR U-            |               |
| HEALTHPRO TEST STRIPS          |     | hpr plus hydrogel.....  | 155 | 100 INSULN .....                | 239           |
| .....                          | 223 | HPR PLUS-MB HYDROGEL    |     | HUMULIN R U-500 (CONC)          |               |
| heather .....                  | 303 | .....                   | 155 | KWIKPEN.....                    | 239           |
| HEMADY .....                   | 198 | HULIO(CF).....          | 294 | HYALGAN .....                   | 91            |
| HEMANGEOL.....                 | 124 | HULIO(CF) PEN .....     | 293 | HYCANTIN.....                   | 42            |
| HEMGENIX.....                  | 134 | HUMALOG JUNIOR          |     | HYCODAN (WITH                   |               |
| HEMICLOR .....                 | 124 | KWIKPEN U-100 .....     | 238 | HOMATROPINE).....               | 334           |
| HEMLIBRA .....                 | 134 | HUMALOG KWIKPEN         |     | hydralazine .....               | 124           |
| hemmorex-hc.....               | 261 | INSULIN .....           | 238 | hydravex .....                  | 183           |
| HEMOFIL M HIGH.....            | 134 | HUMALOG MIX 50-50       |     | HYDREA .....                    | 42            |
| HEMOFIL M LOW .....            | 134 | KWIKPEN.....            | 238 | hydrochlorothiazide.....        | 124           |
| HEMOFIL M MID.....             | 135 | HUMALOG MIX 75-25       |     | hydrocodone bitartrate.....     | 84            |
| HEMOFIL M SUPER HIGH           | 135 | KWIKPEN.....            | 238 | hydrocodone-acetaminophen..     | 84            |
| hep flush-10 (pf).....         | 135 | HUMALOG MIX 75-25(U-    |     | hydrocodone-chlorpheniramine    |               |
| heparin (porcine) .....        | 135 | 100)INSULN .....        | 238 | .....                           | 334           |
| heparin (porcine) in 0.9% nacl |     | HUMALOG TEMPO PEN(U-    |     | hydrocodone-homatropine....     | 334           |
| .....                          | 135 | 100)INSULN .....        | 238 | hydrocodone-ibuprofen .....     | 84            |
| HEPARIN (PORCINE) IN 0.9%      |     | HUMALOG U-100 INSULIN   |     | hydrocortisone .....            | 183, 198, 261 |
| NACL.....                      | 135 | .....                   | 238 | hydrocortisone acetate .....    | 261           |
| heparin (porcine) in 5 % dex   | 135 | HUMATE-P .....          | 136 | hydrocortisone butyrate .....   | 183           |
| heparin (porcine) in nacl (pf) | 135 | HUMATIN .....           | 19  | HYDROCORTISONE LOTION           |               |
| HEPARIN (PORCINE) IN           |     | HUMATROPE .....         | 274 | COMPLETE .....                  | 183           |
| NACL (PF).....                 | 135 | HUMIRA (ONLY NDCS       |     | hydrocortisone valerate .....   | 183           |
| heparin lock flush (porcine) . | 135 | STARTING WITH 00074)    |     | hydrocortisone-acetic acid....  | 196           |
| heparin lockflush(porcine)(pf) |     | .....                   | 294 | hydrocortisone-iodoquinol ...   | 173           |
| .....                          | 135 | HUMIRA PEN (ONLY NDCS   |     | hydrocortisone-iodoquinol-aloe  |               |
| heparin(porcine) in 0.45% nacl |     | STARTING WITH 00074)    |     | .....                           | 173           |
| .....                          | 136 | .....                   | 294 | hydrocortisone-pramoxine...147, |               |
| HEPARIN(PORCINE) IN            |     | HUMIRA(CF) (ONLY NDCS   |     | 261                             |               |
| 0.45% NACL.....                | 136 | STARTING WITH 00074)    |     | HYDROCORTISONE-                 |               |
| heparin, porcine (pf).....     | 136 | .....                   | 294 | PRAMOXINE .....                 | 147, 261      |
| HEPLISAV-B (PF) .....          | 279 | HUMIRA(CF) PEN (ONLY    |     | hydromorphone.....              | 84            |
| HEPZATO (50 MM                 |     | NDCS STARTING WITH      |     | hydroxychloroquine.....         | 19            |
| CATHETER).....                 | 42  | 00074).....             | 294 | HYDROXYM.....                   | 184           |
| HERCEPTIN.....                 | 42  | HUMIRA(CF) PEN CROHNS-  |     | hydroxyurea.....                | 42            |
| HERCEPTIN HYLECTA .....        | 42  | UC-HS (ONLY NDCS        |     | hydroxyzine hcl .....           | 333           |
| HERCESSI .....                 | 42  | STARTING WITH 00074)    |     | hydroxyzine pamoate.....        | 333           |
| HERNEXEOS .....                | 42  | .....                   | 294 | HYFTOR .....                    | 155           |
| HERZUMA .....                  | 42  | HUMIRA(CF) PEN PSOR-UV- |     | HYMOVIS .....                   | 91            |
| HETLIOZ .....                  | 105 | ADOL HS (ONLY NDCS      |     | HYMOVIS ONE .....               | 91            |
| HETLIOZ LQ.....                | 105 | STARTING WITH 00074)    |     | HYMPAVZI PEN .....              | 136           |
| HEXIOUNYL .....                | 175 | .....                   | 295 | hyoscyamine sulfate .....       | 256           |
| HIBERIX (PF).....              | 279 | HUMULIN 70/30 U-100     |     | hyosyne.....                    | 256           |
| HISTEX-AC.....                 | 334 | INSULIN .....           | 238 | HYPER-SAL .....                 | 340           |
| HIXDEFRIMA.....                | 175 | HUMULIN 70/30 U-100     |     | HYQVIA .....                    | 279           |
| HIZENTRA.....                  | 279 | KWIKPEN.....            | 238 |                                 |               |

|                                        |     |                                        |          |                                         |          |
|----------------------------------------|-----|----------------------------------------|----------|-----------------------------------------|----------|
| HYRIMOZ PEN CROHN'S-UC<br>STARTER..... | 295 | ILUVIEN.....                           | 329      | INLURIYO.....                           | 44       |
| HYRIMOZ PEN PSORIASIS<br>STARTER.....  | 295 | IMAAVY.....                            | 80       | INLYTA.....                             | 44       |
| HYRIMOZ(CF).....                       | 295 | imatinib.....                          | 43       | INNOPRAN XL.....                        | 124      |
| HYRIMOZ(CF) PEDI CROHN<br>STARTER..... | 295 | IMBRUVICA.....                         | 43       | INPEFA.....                             | 250      |
| HYRIMOZ(CF) PEN.....                   | 295 | IMDELLTRA.....                         | 43       | INPEN (FOR HUMALOG)<br>PINK.....        | 236      |
| HYRNUO.....                            | 42  | IMFINZI.....                           | 43       | INPEN (NOVOLOG OR<br>FIASP) BLUE.....   | 236      |
| HYSINGLA ER.....                       | 84  | IMIOXIA.....                           | 175      | INQOVI.....                             | 44       |
| HYZAAR.....                            | 124 | imipenem-cilastatin.....               | 19       | INREBIC.....                            | 44       |
| <b>I</b>                               |     | imipramine hcl.....                    | 105      | INSPIRA.....                            | 124      |
| ibandronate.....                       | 287 | imipramine pamoate.....                | 105      | INSULIN GLARGINE U-300<br>CONC.....     | 239      |
| IBRANCE.....                           | 42  | imiquimod.....                         | 155      | INSULIN GLARGINE-YFGN<br>.....          | 239      |
| IBSRELA.....                           | 261 | IMITREX.....                           | 73       | INSULIN LISPRO.....                     | 239, 240 |
| IBTROZI.....                           | 42  | IMITREX STATDOSE PEN.....              | 73       | INSULIN LISPRO<br>PROTAMIN-LISPRO.....  | 239      |
| ibu.....                               | 91  | IMITREX STATDOSE REFILL<br>.....       | 73       | INSULIN SYRINGE-NEEDLE<br>U-100.....    | 235      |
| IBUPAK.....                            | 91  | IMJUDO.....                            | 43       | INTELENCE.....                          | 8        |
| ibuprofen.....                         | 91  | IMKELDI.....                           | 43       | INTRAROSA.....                          | 305      |
| ibuprofen-famotidine.....              | 91  | IMLYGIC.....                           | 43       | introvale.....                          | 310      |
| icatibant.....                         | 340 | IMOVAX RABIES VACCINE<br>(PF).....     | 280      | INTUNIV ER.....                         | 105      |
| iclevia.....                           | 310 | IMPAVIDO.....                          | 19       | INVEGA.....                             | 105      |
| ICLOFENAC CP.....                      | 91  | IMPOYZ.....                            | 184      | INVELTYS.....                           | 329      |
| ICLUSIG.....                           | 42  | IMULDOSA.....                          | 147, 148 | INVOKAMET.....                          | 250      |
| icosapent ethyl.....                   | 141 | IMURAN.....                            | 43       | INVOKAMET XR.....                       | 250      |
| ICOTYDE.....                           | 147 | IMVEXXY MAINTENANCE<br>PACK.....       | 303      | INVOKANA.....                           | 250      |
| IDAMYCIN PFS.....                      | 43  | IMVEXXY STARTER PACK<br>.....          | 303      | INZDEAXIATAR.....                       | 165      |
| IDARAN.....                            | 165 | INBRIJA.....                           | 71       | INZDEAXIATAR.....                       | 165      |
| idarubicin.....                        | 43  | incassia.....                          | 303      | INZDEOXIA.....                          | 165      |
| IDELVION.....                          | 136 | INCARELEX.....                         | 189      | INZIRQO.....                            | 124      |
| IDHIFA.....                            | 43  | INCRUSE ELLIPTA.....                   | 340      | IODOFLEX.....                           | 155      |
| IDOSE TR.....                          | 326 | indapamide.....                        | 124      | IODOSORB.....                           | 155      |
| IDVYNZO.....                           | 8   | INDERAL LA.....                        | 124      | IOPIDINE.....                           | 331      |
| IDYXXIATAR.....                        | 165 | INDERAL XL.....                        | 124      | IPOL.....                               | 280      |
| IFE-BIMIX 30/1.....                    | 349 | INDOCIN.....                           | 91       | ipratropium bromide.....                | 195, 340 |
| IFEX.....                              | 43  | indomethacin.....                      | 91       | ipratropium-albuterol.....              | 340      |
| ifosfamide.....                        | 43  | INDOMETHACIN.....                      | 91       | IQIRVO.....                             | 261      |
| IGALMI.....                            | 105 | INFANRIX (DTAP) (PF).....              | 280      | irbesartan.....                         | 124      |
| IHEALTH CONTROL SOLN<br>LEVEL 2.....   | 223 | INFINITY CONTROL<br>SOLUTION NORM..... | 223      | irbesartan-hydrochlorothiazide<br>..... | 124      |
| IHEALTH GLUCO PLUS<br>METER.....       | 223 | INFINITY STARTER KIT.....              | 223      | IRESSA.....                             | 44       |
| IHEALTH GLUCOSE TEST<br>STRIP.....     | 223 | INFINITY TEST STRIPS.....              | 223      | irinotecan.....                         | 44       |
| IHEEZO (PF).....                       | 322 | INFLAMMA-K.....                        | 92       | ISENTRESS.....                          | 8        |
| ILARIS (PF).....                       | 271 | INFLECTRA.....                         | 261      | ISENTRESS HD.....                       | 8        |
| ILET STARTER KIT-INSET<br>.....        | 236 | INFLIXIMAB.....                        | 261      | isibloom.....                           | 310      |
| ILEVRO.....                            | 324 | INFUGEM.....                           | 44       | isoniazid.....                          | 19       |
| ILEXOR.....                            | 184 | INGREZZA.....                          | 77       | ISORDIL.....                            | 144      |
| ILUMYA.....                            | 147 | INGREZZA INITIATION<br>PK(TARDIV)..... | 77       | ISORDIL TITRADOSE.....                  | 145      |
|                                        |     | INGREZZA SPRINKLE.....                 | 77       |                                         |          |

|                              |         |                            |          |                        |     |
|------------------------------|---------|----------------------------|----------|------------------------|-----|
| isosorbide dinitrate .....   | 145     | JUBBONTI.....              | 287      | KEYTRUDA QLEX .....    | 45  |
| isosorbide mononitrate ..... | 145     | JUBLIA .....               | 175      | KHINDIVI.....          | 198 |
| isosorbide-hydralazine ..... | 124     | juleber.....               | 310      | KIMMTRAK .....         | 45  |
| isotretinoin.....            | 165     | JULUCA.....                | 8        | KIMYRSA.....           | 19  |
| isradipine .....             | 124     | junel 1.5/30 (21) .....    | 310      | KINERET .....          | 296 |
| ISTALOL .....                | 318     | junel 1/20 (21) .....      | 310      | KINRIX (PF) .....      | 280 |
| ISTODAX .....                | 44      | junel fe 1.5/30 (28) ..... | 310      | kionex .....           | 351 |
| ISTURISA.....                | 244     | junel fe 1/20 (28) .....   | 310      | KIRSTY .....           | 240 |
| ITHOXIA .....                | 165     | junel fe 24.....           | 310      | KIRSTY PEN .....       | 240 |
| ITOVEBI.....                 | 44      | JUST RIGHT 5000.....       | 195      | KISQALI .....          | 45  |
| itraconazole .....           | 4       | JUXTAPID.....              | 141      | KISUNLA.....           | 77  |
| ivabradine .....             | 144     | JYLAMVO .....              | 45       | KITABIS PAK .....      | 19  |
| ivermectin.....              | 19, 165 | JYNARQUE.....              | 244, 245 | KLARITY (CHONDROITIN)  |     |
| IVRA .....                   | 44      | JYNNEOS (PF) .....         | 280      | (PF).....              | 322 |
| IWILFIN.....                 | 44      | <b>K</b>                   |          | KLARON .....           | 173 |
| IXEMPRA.....                 | 44      | KADCYLA .....              | 45       | klayesta .....         | 176 |
| IXIARO (PF).....             | 280     | kaitlib fe.....            | 310      | KLISYRI (250 MG) ..... | 45  |
| IXINITY.....                 | 136     | KALBITOR.....              | 340      | KLONOPIN.....          | 64  |
| IYUZEH (PF).....             | 326     | KALETRA .....              | 8        | klor-con.....          | 352 |
| <b>J</b>                     |         | kalliga .....              | 310      | klor-con 10.....       | 351 |
| JADENU .....                 | 189     | KALYDECO .....             | 341      | klor-con 8.....        | 351 |
| JADENU SPRINKLE .....        | 189     | KANJINTI.....              | 45       | klor-con m10 .....     | 352 |
| jaimiess.....                | 310     | KANUMA .....               | 245      | klor-con m15 .....     | 352 |
| JAKAFI.....                  | 44      | KAPSPARGO SPRINKLE ..      | 125      | klor-con m20 .....     | 352 |
| JAKAFI XR.....               | 44      | KARBINAL ER .....          | 333      | KLOXXADO .....         | 92  |
| JALYN .....                  | 348     | kariva (28) .....          | 310      | KOATE.....             | 136 |
| JANUMET .....                | 250     | KATERZIA.....              | 125      | kobee.....             | 355 |
| JANUMET XR.....              | 250     | KAZANO .....               | 250      | KOMZIFTI.....          | 45  |
| JANUVIA.....                 | 250     | KAZURI.....                | 156      | KONVOMEPI .....        | 269 |
| JARDIANCE.....               | 250     | kelnor 1/35 (28).....      | 310      | KORLYM.....            | 245 |
| JASCAYD.....                 | 340     | kemoplat .....             | 45       | KORSUVA.....           | 189 |
| jasmiel (28).....            | 310     | KENALOG.....               | 184      | KOSELUGO.....          | 45  |
| JATENZO .....                | 244     | KEPIVANCE .....            | 31       | KOSHER PRENATAL PLUS   |     |
| JAVADIN.....                 | 124     | KEPPRA.....                | 64       | IRON .....             | 355 |
| javygtor.....                | 244     | KEPPRA XR .....            | 64       | kourzeq .....          | 195 |
| JAYPIRCA.....                | 44      | keralyt.....               | 152      | KOVALTRY .....         | 136 |
| jaythari.....                | 198     | KERALYT RX.....            | 152      | K-PHOS NO 2 .....      | 349 |
| JELMYTO.....                 | 44      | KERALYT SCALP .....        | 152      | K-PHOS ORIGINAL .....  | 349 |
| JEMPERLI .....               | 44      | KERASTAT .....             | 156      | KRAZATI.....           | 45  |
| jencycla.....                | 303     | KERAXA .....               | 92       | KRINTAFEL .....        | 19  |
| JENTADUETO .....             | 250     | KERENDIA.....              | 125      | KRISTALOSE.....        | 262 |
| JENTADUETO XR.....           | 250     | KERIDA .....               | 156      | KRYSTEXXA .....        | 285 |
| JEVTANA .....                | 45      | KESIMPTA PEN .....         | 115      | kurvelo (28) .....     | 310 |
| jinteli.....                 | 303     | ketoconazole.....          | 4, 175   | KUVAN.....             | 245 |
| JIVI.....                    | 136     | ketodan .....              | 175      | KYGEVVI.....           | 189 |
| JOBEVNE .....                | 45      | ketodan kit .....          | 175      | KYLEENA .....          | 300 |
| JOENJA.....                  | 189     | ketoprofen.....            | 92       | kymbee .....           | 198 |
| jolessa .....                | 310     | ketorolac .....            | 92, 324  | KYMRIAH.....           | 45  |
| JORNAY PM .....              | 106     | KEVEYIS.....               | 77       | KYNARA.....            | 156 |
| JOURNAVX .....               | 92      | KEVZARA .....              | 296      | KYPROLIS.....          | 45  |
| joyeaux .....                | 310     | KEYTRUDA .....             | 45       | KYXATA .....           | 46  |

|                                 |        |                                 |         |                                |          |
|---------------------------------|--------|---------------------------------|---------|--------------------------------|----------|
| KYZATREX .....                  | 245    | LASIX ONYU.....                 | 125     | levoxyl.....                   | 254      |
| <b>L</b>                        |        | latanoprost .....               | 326     | LEVSIN.....                    | 256      |
| l norgest/e.estradiol-e.estrad. | 310    | LATUDA.....                     | 106     | LEVSIN/SL .....                | 256      |
| labetalol .....                 | 125    | laxative (bisacodyl) .....      | 262     | LEVULAN .....                  | 156      |
| LABETALOL .....                 | 125    | LAZCLUZE .....                  | 46      | LEXAPRO.....                   | 106      |
| lacosamide.....                 | 64     | LDO PLUS.....                   | 171     | lexette .....                  | 184      |
| lactated ringers .....          | 186    | LEDIPASVIR-SOFOSBUVIR 8         |         | LEXTOL.....                    | 92       |
| lactulose.....                  | 262    | LEFLUNICLO .....                | 296     | LIALDA .....                   | 262      |
| LAGEVRIO (EUA).....             | 8      | leflunomide.....                | 296     | LIBRAX (WITH CLIDINIUM)        |          |
| LAMICTAL .....                  | 65     | LEMTRADA.....                   | 115     | .....                          | 256      |
| LAMICTAL ODT.....               | 64     | lenalidomide .....              | 46      | LIBTAYO.....                   | 46       |
| LAMICTAL ODT STARTER            |        | LENMELDY .....                  | 189     | LICART.....                    | 92       |
| (BLUE).....                     | 64     | LENTOCILIN S.....               | 24      | lidocaine .....                | 171      |
| LAMICTAL ODT STARTER            |        | LENVIMA.....                    | 46      | lidocaine hcl.....             | 171      |
| (GREEN).....                    | 64     | LEQEMBI .....                   | 77      | lidocaine hcl-hydrocortison ac |          |
| LAMICTAL ODT STARTER            |        | LEQEMBI IQLIK .....             | 77      | .....                          | 171, 262 |
| (ORANGE).....                   | 65     | LEQSELVI.....                   | 296     | LIDOCAINE HCL-                 |          |
| LAMICTAL STARTER                |        | LEQVIO .....                    | 141     | HYDROCORTISON AC               | 262      |
| (BLUE) KIT .....                | 65     | LEROCHOL.....                   | 141     | lidocaine-hydrocortisone-aloe  |          |
| LAMICTAL STARTER                |        | LESCOL XL.....                  | 141     | .....                          | 262      |
| (GREEN) KIT .....               | 65     | lessina .....                   | 311     | lidocaine-prilocaine .....     | 171      |
| LAMICTAL STARTER                |        | LETAIRIS .....                  | 341     | lidocan iii.....               | 171      |
| (ORANGE) KIT .....              | 65     | letrozole .....                 | 46      | lidocan iv .....               | 171      |
| LAMICTAL XR.....                | 65     | leucovorin calcium .....        | 31      | lidocan v .....                | 171      |
| LAMICTAL XR STARTER             |        | LEUKERAN .....                  | 46      | lidocort.....                  | 171      |
| (BLUE).....                     | 65     | LEUKINE.....                    | 272     | LIDODERM.....                  | 171      |
| LAMICTAL XR STARTER             |        | leuprolide.....                 | 46      | lido-k.....                    | 171      |
| (GREEN).....                    | 65     | levalbuterol hcl.....           | 341     | lidopin.....                   | 171      |
| LAMICTAL XR STARTER             |        | LEVALBUTEROL                    |         | LIDOPIN .....                  | 171      |
| (ORANGE).....                   | 65     | TARTRATE .....                  | 341     | LIDO-PRILO CAINE PACK          |          |
| lamivudine.....                 | 8      | LEVAMLODIPINE .....             | 125     | .....                          | 171      |
| lamivudine-zidovudine.....      | 8      | LEVBIID .....                   | 256     | LIDORX .....                   | 171      |
| lamotrigine .....               | 65, 66 | levetiracetam .....             | 66      | lido-sorb.....                 | 171      |
| LAMPIT .....                    | 19     | LEVETIRACETAM .....             | 66      | lidotor .....                  | 171      |
| LAMZEDE.....                    | 189    | LEVICYN ANTIPRURITIC            | 156     | LIDOTRAL .....                 | 171      |
| LANCETS.....                    | 236    | LEVICYN ANTIPRURITIC SG         |         | lidozion .....                 | 171      |
| LANCING DEVICE .....            | 236    | .....                           | 156     | LIDTOPIC.....                  | 172      |
| LANOXIN.....                    | 131    | levobunolol.....                | 318     | LIDTOPIC MAX.....              | 171      |
| lanreotide.....                 | 46     | levocarnitine .....             | 190     | LIFEMS NALOXONE.....           | 92       |
| lansoprazole.....               | 269    | levocarnitine (with sugar)..... | 190     | LIFYORLI .....                 | 46       |
| lanthanum .....                 | 352    | levofloxacin .....              | 26, 317 | LIKMEZ .....                   | 19       |
| LANTUS SOLOSTAR U-100           |        | levofloxacin in d5w .....       | 26      | LILETTA.....                   | 300      |
| INSULIN.....                    | 240    | levonest (28).....              | 311     | LINCOCIN .....                 | 19       |
| LANTUS U-100 INSULIN..          | 240    | levonorgest-eth.estradiol-iron  |         | lincomycin .....               | 19       |
| lapatinib.....                  | 46     | .....                           | 311     | linezolid .....                | 20       |
| larin 1.5/30 (21).....          | 310    | levonorgestrel .....            | 311     | linezolid in dextrose 5% ..... | 20       |
| larin 1/20 (21).....            | 311    | levonorgestrel-ethinyl estrad   | 311     | LINEZOLID-0.9% SODIUM          |          |
| larin 24 fe .....               | 311    | levonorg-eth estrad triphasic   | 311     | CHLORIDE .....                 | 20       |
| larin fe 1.5/30 (28).....       | 311    | levo-t.....                     | 253     | LINZESS .....                  | 262      |
| larin fe 1/20 (28).....         | 311    | levothyroxine.....              | 254     | liomny.....                    | 254      |
| LASIX .....                     | 125    | LEVOTHYROXINE .....             | 254     | liothyronine.....              | 254      |

|                                      |     |                           |          |                        |     |
|--------------------------------------|-----|---------------------------|----------|------------------------|-----|
| LIPITOR.....                         | 141 | LOTENSIN .....            | 125      | lyleq.....             | 303 |
| LIPOFEN .....                        | 141 | LOTENSIN HCT .....        | 125      | lyllana .....          | 303 |
| liraglutide .....                    | 251 | loteprednol etabonate ... | 329, 330 | LYMPHIR .....          | 47  |
| lisdexamfetamine .....               | 106 | LOTREL.....               | 126      | LYNKUET .....          | 305 |
| lisinopril .....                     | 125 | LOTREXONE .....           | 92       | LYNOZYFIC .....        | 47  |
| lisinopril-hydrochlorothiazide ..... | 125 | LOTRONEX .....            | 262      | LYNPARZA.....          | 47  |
| LITFULO .....                        | 190 | LOUNZDOMDIOXIATAR ..      | 165      | LYRICA .....           | 66  |
| lithium carbonate.....               | 106 | lovastatin .....          | 142      | LYRICA CR.....         | 66  |
| lithium citrate .....                | 106 | LOVAZA.....               | 142      | LYSODREN.....          | 47  |
| LITHOBID .....                       | 106 | LOVENOX.....              | 136, 137 | LYTGOBI.....           | 47  |
| LITHOSTAT .....                      | 190 | low-ogestrel (28) .....   | 312      | LYUMJEV KWIKPEN U-100  |     |
| LIVALO.....                          | 142 | loxapine succinate .....  | 106      | INSULIN .....          | 240 |
| LIVDELZI.....                        | 262 | LOYON .....               | 156      | LYUMJEV KWIKPEN U-200  |     |
| LIVIXIL PAK .....                    | 172 | lo-zumandimine (28) ..... | 312      | INSULIN .....          | 240 |
| LIVMARLI .....                       | 262 | lubiprostone .....        | 262      | LYUMJEV TEMPO PEN(U-   |     |
| LIVTENCITY .....                     | 8   | LUCEMYRA.....             | 92       | 100)INSULN .....       | 240 |
| LIXOFEN.....                         | 92  | LUCENTIS.....             | 322      | LYUMJEV U-100 INSULIN  |     |
| LO LOESTRIN FE.....                  | 311 | ludent fluoride .....     | 355      | .....                  | 240 |
| LOARGYS .....                        | 190 | lugols .....              | 173, 352 | lyza .....             | 303 |
| LODINE.....                          | 92  | luizza .....              | 312      | <b>M</b>               |     |
| LODOCO .....                         | 144 | LULICONAZOLE .....        | 176      | MACROBID.....          | 29  |
| LODOSYN.....                         | 71  | LUMAKRAS.....             | 46       | magnesium citrate..... | 262 |
| LOESTRIN 1.5/30 (21).....            | 311 | LUMIGAN .....             | 326      | MALARONE .....         | 20  |
| LOESTRIN 1/20 (21).....              | 311 | LUMIZYME .....            | 245      | MALARONE PEDIATRIC.... | 20  |
| LOESTRIN FE 1.5/30 (28-              |     | LUMRYZ .....              | 106      | malathion .....        | 186 |
| DAY).....                            | 311 | LUMRYZ STARTER PACK       |          | maraviroc.....         | 8   |
| LOESTRIN FE 1/20 (28-DAY)            |     | .....                     | 106      | MAR-COF CG .....       | 334 |
| .....                                | 311 | LUNESTA.....              | 107      | MARINOL .....          | 263 |
| lofena.....                          | 92  | LUNSUMIO.....             | 46       | marlissa (28).....     | 312 |
| lofexidine.....                      | 92  | LUNSUMIO VELO .....       | 47       | MARNATAL-F .....       | 355 |
| lojaimiess.....                      | 312 | LUPKYNIS .....            | 47       | MARPLAN.....           | 107 |
| LOKELMA .....                        | 352 | LUPRON DEPOT .....        | 47       | MATERNACEL.....        | 355 |
| LOMOTIL.....                         | 256 | LUPRON DEPOT (3 MONTH)    |          | MATERVIA.....          | 355 |
| lomustine .....                      | 46  | .....                     | 47       | MATRONEX .....         | 355 |
| LONSURF.....                         | 46  | LUPRON DEPOT (4 MONTH)    |          | MATULANE.....          | 47  |
| LOPID .....                          | 142 | .....                     | 47       | matzim la .....        | 126 |
| lopinavir-ritonavir .....            | 8   | LUPRON DEPOT (6 MONTH)    |          | MAVENCLAD (10 TABLET   |     |
| LOPRESSOR .....                      | 125 | .....                     | 47       | PACK) .....            | 116 |
| LOPROX (AS OLAMINE)..                | 176 | LUPRON DEPOT-PED .....    | 47       | MAVENCLAD (4 TABLET    |     |
| LOPROX KIT .....                     | 176 | LUPRON DEPOT-PED (3       |          | PACK) .....            | 116 |
| LOQTORZI.....                        | 46  | MONTH).....               | 47       | MAVENCLAD (5 TABLET    |     |
| lorazepam .....                      | 106 | lurasidone .....          | 107      | PACK) .....            | 116 |
| lorazepam intensol.....              | 106 | lurbiro .....             | 92       | MAVENCLAD (6 TABLET    |     |
| LORBRENA .....                       | 46  | lutra (28) .....          | 312      | PACK) .....            | 116 |
| LOREEV XR.....                       | 106 | LUTRATE DEPOT (3          |          | MAVENCLAD (7 TABLET    |     |
| loryna (28).....                     | 312 | MONTH).....               | 47       | PACK) .....            | 116 |
| losartan .....                       | 125 | LUXAMEND .....            | 156      | MAVENCLAD (8 TABLET    |     |
| losartan-hydrochlorothiazide         | 125 | LUXTURNA .....            | 322      | PACK) .....            | 116 |
| LOTEMAX .....                        | 329 | LUZU .....                | 176      | MAVENCLAD (9 TABLET    |     |
| LOTEMAX SM.....                      | 329 | LYBALVI .....             | 107      | PACK) .....            | 116 |
|                                      |     | LYFGENIA .....            | 190      | MAVYRET .....          | 8   |

|                              |     |                                |              |                                   |      |
|------------------------------|-----|--------------------------------|--------------|-----------------------------------|------|
| MAXALT.....                  | 73  | mesalamine with cleansing wipe |              | metronidazole in nacl (iso-os) 20 |      |
| MAXALT-MLT.....              | 73  | .....                          | 263          | metryrosine.....                  | 126  |
| MAXIDEX.....                 | 330 | MESNEX.....                    | 31           | mexiletine.....                   | 117  |
| MAXITROL.....                | 327 | MESTINON.....                  | 80           | MIACALCIN.....                    | 245  |
| maxi-tuss ac.....            | 334 | MESTINON TIMESPAN.....         | 80           | mibelas 24 fe.....                | 312  |
| MAXI-TUSS CD.....            | 335 | METADATE CD.....               | 107          | micalfungin.....                  | 4    |
| MAYZENT.....                 | 116 | metaxalone.....                | 80           | MICAFUNGIN IN 0.9 %               |      |
| MAYZENT STARTER(FOR          |     | METAXALONE.....                | 80           | SODIUM CHL.....                   | 4    |
| 1MG MAINT).....              | 116 | METDRAY.....                   | 156          | MICARDIS.....                     | 126  |
| MAYZENT STARTER(FOR          |     | metformin.....                 | 251          | MICARDIS HCT.....                 | 126  |
| 2MG MAINT).....              | 116 | methadone.....                 | 84, 85       | MICONAZOLE NITRATE-               |      |
| mb caps.....                 | 349 | methadose.....                 | 85           | ZINC OX-PET.....                  | 176  |
| mb hydrogel.....             | 156 | methamphetamine.....           | 107          | miconazole-3.....                 | 306  |
| mb hydrogel (cyclomethicone) |     | methazolamide.....             | 325          | MICORT-HC.....                    | 263  |
| .....                        | 156 | methenamine hippurate.....     | 29           | MICRO BLOOD GLUCOSE               |      |
| meclizine.....               | 263 | methenamine mandelate.....     | 29           | .....                             | 223  |
| meclofenamate.....           | 93  | methen-sod phos-meth blue-     |              | MICRODOT BLOOD                    |      |
| MEDROL.....                  | 198 | hyos.....                      | 349          | GLUCOSE SYSTEM.....               | 223, |
| MEDROL (PAK).....            | 198 | methimazole.....               | 199          | 224                               |      |
| medroxyprogesterone.....     | 303 | METHITEST.....                 | 245          | MICRODOT XTRA BLOOD               |      |
| mefenamic acid.....          | 93  | methocarbamol.....             | 80           | GLUCOSE.....                      | 224  |
| mefloquine.....              | 20  | METHOTREXATE (PF) IN           |              | microgestin 1.5/30 (21).....      | 312  |
| megestrol.....               | 48  | NACL,ISO.....                  | 48           | microgestin 1/20 (21).....        | 312  |
| MEKINIST.....                | 48  | methotrexate sodium.....       | 48           | microgestin fe 1.5/30 (28)....    | 312  |
| MEKTOVI.....                 | 48  | methotrexate sodium (pf).....  | 48           | microgestin fe 1/20 (28).....     | 312  |
| meleya.....                  | 303 | methoxsalen.....               | 156          | MICURADERM.....                   | 156  |
| meloxicam.....               | 93  | methscopolamine.....           | 256          | midazolam.....                    | 108  |
| MELOXICAM.....               | 93  | methsuximide.....              | 66           | midodrine.....                    | 190  |
| meloxicam submicronized..... | 93  | methyl salicylate.....         | 156          | MIEBO (PF).....                   | 322  |
| melphalan hcl.....           | 48  | methylidopa.....               | 126          | mifepristone.....                 | 245  |
| MELZARA.....                 | 165 | methylergonovine.....          | 316          | migergot.....                     | 74   |
| memantine.....               | 77  | METHYLIN.....                  | 107          | miglitol.....                     | 251  |
| MEMANTINE.....               | 77  | methylphenidate.....           | 108          | miglustat.....                    | 245  |
| memantine-donepezil.....     | 77  | methylphenidate hcl.....       | 107, 108     | MIGRANAL.....                     | 74   |
| MENEST.....                  | 303 | METHYLPHENIDATE HCL            |              | MIGRANOW.....                     | 74   |
| MENOPUR.....                 | 245 | .....                          | 108          | mili.....                         | 312  |
| MENOSTAR.....                | 303 | methylprednisolone.....        | 198          | milk of magnesia.....             | 263  |
| MENQUADFI (PF).....          | 280 | methyltestosterone.....        | 245          | milk of magnesia concentrated     |      |
| MENVEO A-C-Y-W-135-DIP       |     | metoclopramide hcl.....        | 263          | .....                             | 263  |
| (PF).....                    | 280 | metolazone.....                | 126          | millipred.....                    | 198  |
| meperidine.....              | 84  | metoprolol succinate.....      | 126          | millipred dp.....                 | 198  |
| meprobamate.....             | 80  | metoprolol ta-hydrochlorothiaz |              | milnacipran.....                  | 296  |
| MEPRON.....                  | 20  | .....                          | 126          | milophene.....                    | 245  |
| MEPSEVII.....                | 245 | metoprolol tartrate.....       | 126          | mimvey.....                       | 303  |
| mercaptopurine.....          | 48  | METOPROLOL TARTRATE            |              | MINIMED INSTINCT                  |      |
| MERILOG.....                 | 240 | .....                          | 126          | SENSOR.....                       | 224  |
| MERILOG SOLOSTAR.....        | 240 | metro i.v.....                 | 20           | MINIVELLE.....                    | 304  |
| meropenem.....               | 20  | METROCREAM.....                | 165          | MINOCIN.....                      | 28   |
| MEROPENEM-0.9% SODIUM        |     | METROGEL.....                  | 166          | minocycline.....                  | 28   |
| CHLORIDE.....                | 20  | metronidazole.....             | 20, 166, 305 | MINOCYCLINE.....                  | 28   |
| mesalamine.....              | 263 | METRONIDAZOLE.....             | 20           | minoxidil.....                    | 126  |

|                            |          |                                    |                               |      |
|----------------------------|----------|------------------------------------|-------------------------------|------|
| minzoya .....              | 312      | MOXIFLOXACIN-                      | NAGLAZYME .....               | 245  |
| MIOCHOL-E .....            | 320      | SOD.ACE,SUL-WATER...26             | NALFON .....                  | 93   |
| miostat .....              | 326      | moxifloxacin-sod.chloride(iso)     | NALOCET .....                 | 85   |
| MIPLYFFA .....             | 77       | .....26                            | naloxone .....                | 93   |
| mirabegron .....           | 347      | MOZOBIL .....                      | NALTREX .....                 | 93   |
| MIRCERA.....               | 272      | MRESVIA (PF).....                  | naltrexone .....              | 93   |
| MIRENA .....               | 300      | MS CONTIN .....                    | NAMENDA XR.....               | 77   |
| mirtazapine .....          | 108      | MUGARD .....                       | NAMZARIC .....                | 78   |
| MIRVASO .....              | 166      | MULPLETA.....                      | NANRAN .....                  | 173  |
| misoprostol .....          | 269      | MULTAQ.....                        | NAPRELAN CR .....             | 93   |
| MITIGARE .....             | 285      | multi-vitamin with fluoride ..355  | NAPROSYN.....                 | 93   |
| mitomycin.....             | 48       | multivit-fluoride (metafolin) 355  | naproxen .....                | 93   |
| mitoxantrone.....          | 48       | mupirocin.....                     | naproxen sodium .....         | 93   |
| MIUDELLA .....             | 300      | mupirocin calcium.....             | naproxen-esomeprazole.....    | 94   |
| MKO (MIDAZOLAM-            |          | MVASI .....                        | naratriptan.....              | 74   |
| KETAMINE-ONDAN)....        | 108      | mvc-fluoride .....                 | NARCAN .....                  | 94   |
| M-M-R II (PF).....         | 280      | my choice .....                    | NARDIL .....                  | 108  |
| m-natal plus .....         | 355      | my way .....                       | NATACYN.....                  | 317  |
| MNEXSPIKE 2025-2026 (PF)   |          | MYALEPT .....                      | NATAZIA .....                 | 312  |
| .....                      | 280      | MYCAPSSA .....                     | nateglinide .....             | 251  |
| modafinil .....            | 108      | mycophenolate mofetil.....         | NATESTO.....                  | 245  |
| MODDI PATIENT              |          | mycophenolate mofetil (hcl) ..49   | NATROBA.....                  | 186  |
| WELCOME KIT .....          | 236      | mycophenolate sodium.....          | NAYZILAM.....                 | 66   |
| MODEYSO .....              | 48       | MYDAYIS .....                      | nebivolol.....                | 126  |
| moexipril .....            | 126      | MYDCOMBI.....                      | NEBUPENT .....                | 20   |
| molindone.....             | 108      | MYDRIACYL.....                     | nebusal.....                  | 341  |
| mometasone.....            | 184, 341 | MYDRIATIC4(TROP-PROP-              | NEBUSAL.....                  | 341  |
| mondoxyne nl.....          | 28       | PE-KTRLC).....                     | necon 0.5/35 (28).....        | 312  |
| MONJUVI.....               | 48       | MYFEMBREE .....                    | nefazodone.....               | 108  |
| mono-lynyah .....          | 312      | MYFORTIC .....                     | NEFFY .....                   | 333  |
| MONOVISC.....              | 93       | MYGLUCOHEALTH.....                 | nelarabine .....              | 49   |
| montelukast .....          | 341      | MYGLUCOHEALTH                      | NEMLUVIO.....                 | 49   |
| MORGIDOX 1X 50 .....       | 28       | CONTROL SOLUTION ..224             | NENDRUX.....                  | 152  |
| MORGIDOX 1X100 .....       | 28       | MYHIBBIN.....                      | NEOMATERNA .....              | 355  |
| morphine.....              | 85       | MYLERAN .....                      | neomycin .....                | 20   |
| morphine concentrate ..... | 85       | MYLOTARG .....                     | neomycin-bacitracin-poly-hc   | 327  |
| MOTEGRITY .....            | 263      | mynatal .....                      | neomycin-bacitracin-polymyxin |      |
| MOTOFEN.....               | 256      | mynatal plus .....                 | .....317                      |      |
| MOTPOLY XR.....            | 66       | mynatal-z .....                    | neomycin-polymyxin b gu....   | 186  |
| MOUNJARO.....              | 251      | MYOBLOC .....                      | neomycin-polymyxin b-         |      |
| MOVANTIK .....             | 263      | MYQORZO.....                       | dexameth.....                 | 327  |
| MOVIPREP.....              | 263      | MYRBETRIQ .....                    | neomycin-polymyxin-           |      |
| MOXATAG .....              | 24       | MYSOLINE .....                     | gramicidin.....               | 317  |
| MOXICAINE .....            | 172      | MYTESI .....                       | neomycin-polymyxin-hc.....    | 197, |
| moxifloxacin.....          | 26, 317  | N                                  | 328                           |      |
| MOXIFLOXACIN (PF)-BSS      |          | nabumetone .....                   | neo-polycin .....             | 317  |
| .....                      | 317      | nadolol .....                      | neo-polycin hc .....          | 328  |
| MOXIFLOXACIN-              |          | nafcillin.....                     | NEORAL .....                  | 49   |
| BROMFENAC .....            | 322      | nafcillin in dextrose iso-osm ..24 | NEOSALUS .....                | 156  |
| MOXIFLOXACIN-SOD           |          | naftifine .....                    | NEO-SYNALAR.....              | 173  |
| CHLOR,ISO(PF).....         | 317      | NAFTIN .....                       | NEO-SYNALAR KIT .....         | 173  |

|                             |          |                                  |          |                          |     |
|-----------------------------|----------|----------------------------------|----------|--------------------------|-----|
| neo-vital rx .....          | 356      | nisoldipine .....                | 127      | NOVA MAX PLUS GLUC-      |     |
| NEREUS .....                | 263      | nitazoxanide.....                | 20       | KETON METER.....         | 225 |
| NERLYNX.....                | 49       | nitisinone .....                 | 190      | NOVACORT.....            | 264 |
| NESINA .....                | 251      | nitro-bid .....                  | 145      | NOVAMAX PLUS GLU-KET     |     |
| NESTABS .....               | 356      | NITRO-DUR.....                   | 145      | .....                    | 225 |
| NESTABS ABC.....            | 356      | nitrofurantoin.....              | 29       | NOVAREL.....             | 246 |
| NESTABS DHA .....           | 356      | NITROFURANTOIN.....              | 29       | NOVOEIGHT.....           | 137 |
| neuac.....                  | 166      | nitrofurantoin macrocrystal .... | 29       | NOVOLIN 70-30 FLEXPEN U- |     |
| NEUAC KIT .....             | 166      | nitrofurantoin monohyd/m-cryst   |          | 100 .....                | 240 |
| NEULASTA.....               | 272      | .....                            | 29       | NOVOLIN N FLEXPEN ....   | 240 |
| NEULASTA ONPRO .....        | 272      | nitroglycerin .....              | 145, 263 | NOVOLIN R FLEXPEN.....   | 241 |
| NEUPOGEN .....              | 272      | NITROLINGUAL .....               | 145      | NOVOLOG FLEXPEN U-100    |     |
| NEUPRO.....                 | 71       | NITROMIST .....                  | 145      | INSULIN .....            | 241 |
| NEURONTIN.....              | 66, 67   | NITROSTAT.....                   | 145      | NOVOLOG MIX 70-30 U-100  |     |
| NEUTEK 2TEK TEST STRIPS     |          | nitro-time .....                 | 145      | INSULN .....             | 241 |
| .....                       | 224      | NITYR.....                       | 190      | NOVOLOG MIX 70-          |     |
| NEVANAC .....               | 324      | niva thyroid.....                | 254      | 30FLEXPEN U-100 .....    | 241 |
| nevirapine .....            | 8, 9     | NIVESTYM .....                   | 272      | NOVOLOG PENFILL U-100    |     |
| new day .....               | 312      | nizatidine .....                 | 269      | INSULIN .....            | 241 |
| newgen .....                | 356      | NOLIRA .....                     | 172      | NOVOLOG U-100 INSULIN    |     |
| NEXAVAR .....               | 49       | nora-be.....                     | 304      | ASPART.....              | 241 |
| NEXICLON XR.....            | 126      | NORDITROPIN FLEXPRO              | 274      | NOVOPEN ECHO .....       | 236 |
| NEXIUM.....                 | 269      | norelgestromin-ethin.estradiol   |          | NOVOSEVEN RT.....        | 137 |
| NEXIUM PACKET .....         | 269      | .....                            | 306      | NOXAFIL.....             | 4   |
| NEXLETOL .....              | 142      | norethindrone (contraceptive)    |          | NOXIPAK .....            | 184 |
| NEXLIZET.....               | 142      | .....                            | 304      | np thyroid.....          | 254 |
| NEXOBRID .....              | 186      | norethindrone acetate .....      | 304      | NPLATE.....              | 137 |
| NEXPLANON .....             | 306      | norethindrone ac-eth estradiol   |          | NUBEQA .....             | 50  |
| NEXTSTELLIS.....            | 312      | .....                            | 304, 313 | NUCALA .....             | 341 |
| NEXVIAZYME .....            | 245      | norethindrone-e.estradiol-iron   |          | NUCORT.....              | 184 |
| NGENLA .....                | 274      | .....                            | 313      | NUCYNTA.....             | 94  |
| niacin .....                | 142      | NORGESIC .....                   | 81       | NUCYNTA ER .....         | 94  |
| NIACOR.....                 | 142      | NORGESIC FORTE .....             | 81       | NUEDEXTA .....           | 78  |
| nicardipine.....            | 126      | norgestimate-ethinyl estradiol   |          | NUJO.....                | 156 |
| NICODERM CQ.....            | 193      | .....                            | 313      | NUJU .....               | 156 |
| nicorette.....              | 193      | NORITATE .....                   | 166      | NULEV.....               | 256 |
| NICORETTE.....              | 193      | NORLIQVA .....                   | 127      | NULIBRY .....            | 78  |
| nicotine .....              | 193      | NORMLGEL AG .....                | 156      | NULOJIX .....            | 50  |
| nicotine (polacrilex) ..... | 193      | NORPACE .....                    | 118      | NUMBONEX.....            | 172 |
| NICOTROL NS.....            | 193      | NORPACE CR.....                  | 118      | NUMBRINO .....           | 172 |
| nifedipine.....             | 126      | NORTHERA .....                   | 190      | NUPLAZID .....           | 108 |
| nikki (28).....             | 313      | nortrel 0.5/35 (28).....         | 313      | NURTEC ODT .....         | 74  |
| NIKTIMVO.....               | 49       | nortrel 1/35 (21).....           | 313      | NUTRASEB.....            | 156 |
| NILOTINIB D-TARTRATE..      | 49       | nortrel 1/35 (28).....           | 313      | NUVARING.....            | 306 |
| nilotinib hcl .....         | 49       | nortrel 7/7/7 (28) .....         | 313      | NUVAXOVID 2025-2026 (PF) |     |
| nilutamide.....             | 49       | nortriptyline.....               | 108      | .....                    | 280 |
| nimodipine.....             | 126, 127 | NORVASC.....                     | 127      | NUVESSA.....             | 306 |
| NINJACOF-XG .....           | 335      | NORVIR.....                      | 9        | NUVIGIL .....            | 108 |
| NINLARO.....                | 49       | NOURIANZ .....                   | 71       | NUWIQ .....              | 137 |
| nintedanib .....            | 341      | NOVA MAX GLUCOSE TEST            |          | NUZYRA .....             | 28  |
| NIPENT.....                 | 50       | .....                            | 225      | nylia 1/35 (28) .....    | 313 |



|                                      |              |
|--------------------------------------|--------------|
| nylia 7/7/7 (28).....                | 313          |
| NYMALIZE .....                       | 127          |
| NYNUTEY.....                         | 172          |
| NYPOZI .....                         | 272          |
| nystatin .....                       | 4, 176       |
| nystatin-triamcinolone.....          | 176          |
| nystop .....                         | 176          |
| NYVEPRIA.....                        | 272          |
| <b>O</b>                             |              |
| OB COMPLETE ONE .....                | 356          |
| OB COMPLETE PETITE.....              | 356          |
| OB COMPLETE PREMIER.....             | 356          |
| OB COMPLETE WITH DHA .....           | 356          |
| OBIZUR .....                         | 137          |
| ocella .....                         | 313          |
| OCREVUS .....                        | 116          |
| OCREVUS ZUNOVO .....                 | 116          |
| OCTAGAM.....                         | 281          |
| octreotide acetate.....              | 50           |
| octreotide,microspheres.....         | 50           |
| OCUFLOX .....                        | 317          |
| ODEFSEY .....                        | 9            |
| ODOMZO .....                         | 50           |
| OFEV .....                           | 341          |
| ofloxacin.....                       | 26, 196, 317 |
| OGIVRI.....                          | 50           |
| OGSIVEO .....                        | 50           |
| OHTUVAYRE .....                      | 342          |
| OJEMDA.....                          | 50           |
| OJJAARA.....                         | 50           |
| olanzapine.....                      | 108, 109     |
| olanzapine-fluoxetine .....          | 109          |
| olmesartan .....                     | 127          |
| olmesartan-amlodipin-hcthiazid ..... | 127          |
| olmesartan-hydrochlorothiazide ..... | 127          |
| olopatadine .....                    | 195          |
| OLPRUVA .....                        | 190          |
| OLUMIANT.....                        | 296          |
| OMECLAMOX-PAK .....                  | 269          |
| omega-3 acid ethyl esters .....      | 142          |
| omeprazole .....                     | 269          |
| omeprazole-sodium bicarbonate .....  | 269          |
| OMIDRIA .....                        | 322          |
| OMLONTI .....                        | 326          |
| OMNARIS .....                        | 342          |
| OMNIPOD 5 (G6/LIBRE 2 PLUS).....     | 236          |

|                                      |     |
|--------------------------------------|-----|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5).....  | 236 |
| OMNIPOD 5 G6-G7 PODS (GEN 5).....    | 236 |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) ..... | 235 |
| OMNIPOD DASH INTRO KIT (GEN 4).....  | 236 |
| OMNIPOD DASH PODS (GEN 4).....       | 236 |
| OMNITROPE.....                       | 274 |
| OMVOH.....                           | 264 |
| OMVOH PEN .....                      | 264 |
| ON CALL EXPRESS CONTROL .....        | 225 |
| ON CALL EXPRESS METER .....          | 225 |
| ON CALL EXPRESS TEST STRIP .....     | 225 |
| ONAPGO .....                         | 71  |
| ONCASPAR.....                        | 50  |
| ondansetron .....                    | 264 |
| ONDANSETRON .....                    | 264 |
| ondansetron hcl.....                 | 264 |
| one natal rx .....                   | 356 |
| onelax magnesium citrate.....        | 264 |
| ONETOUCH ULTRA CONTROL .....         | 225 |
| ONETOUCH ULTRA TEST .....            | 225 |
| ONETOUCH ULTRA2 METER .....          | 225 |
| ONETOUCH VERIO FLEX METER .....      | 225 |
| ONETOUCH VERIO MID CONTROL .....     | 225 |
| ONETOUCH VERIO REFLECT METER .....   | 226 |
| ONETOUCH VERIO TEST STRIPS.....      | 226 |
| ONEXTON.....                         | 166 |
| ONFI.....                            | 67  |
| ONGENTYS .....                       | 71  |
| ONIVYDE.....                         | 50  |
| ONPATTRO.....                        | 78  |
| ONTRALFY.....                        | 81  |
| ONTRUZANT.....                       | 50  |
| ONUREG .....                         | 50  |
| ONYDA XR.....                        | 109 |
| ONZDEAXIADEMTAR.....                 | 166 |

|                                      |     |
|--------------------------------------|-----|
| ONZDEAXIADEMVAR .....                | 166 |
| ONZDEAXIATAR.....                    | 166 |
| ONZDEAXIAVAR .....                   | 166 |
| ONZDEAXIAZAR.....                    | 166 |
| ONZDEOXIA.....                       | 166 |
| ONZETRA XSAIL.....                   | 74  |
| opcicon one-step.....                | 313 |
| OPDIVO .....                         | 50  |
| OPDIVO QVANTIG.....                  | 51  |
| OPDUALAG .....                       | 51  |
| OPFOLDA.....                         | 246 |
| OPILL .....                          | 304 |
| OPIPZA .....                         | 109 |
| opium tincture.....                  | 257 |
| OPSUMIT.....                         | 342 |
| OPSYNVI.....                         | 342 |
| option-2.....                        | 313 |
| OPTIUM EZ.....                       | 226 |
| OPVEE .....                          | 94  |
| OPZELURA .....                       | 156 |
| ORACEA.....                          | 28  |
| ORACIT .....                         | 349 |
| oral saline laxative.....            | 264 |
| ORALAIR .....                        | 281 |
| ORAMAGICRX.....                      | 195 |
| ORAPEUTIC.....                       | 195 |
| ORAPRED ODT .....                    | 198 |
| ORAVIG.....                          | 4   |
| ORBACTIV .....                       | 20  |
| ORENCIA .....                        | 297 |
| ORENCIA (WITH MALTOSE) .....         | 296 |
| ORENCIA CLICKJECT .....              | 296 |
| ORENITRAM .....                      | 127 |
| ORENITRAM MONTH 1 TITRATION KT ..... | 127 |
| ORENITRAM MONTH 2 TITRATION KT ..... | 127 |
| ORENITRAM MONTH 3 TITRATION KT ..... | 127 |
| ORFADIN .....                        | 190 |
| ORGOVYX .....                        | 51  |
| ORIAHNN.....                         | 306 |
| ORILISSA .....                       | 246 |
| ORKAMBI .....                        | 342 |
| ORLADEYO .....                       | 342 |
| ORLYNVAH.....                        | 21  |
| ormalvi.....                         | 78  |
| orphenadrine citrate .....           | 81  |
| orphenadrine-asa-caffeine .....      | 81  |
| orphengesic forte .....              | 81  |

|                                   |     |                               |     |                                      |     |
|-----------------------------------|-----|-------------------------------|-----|--------------------------------------|-----|
| orquidea.....                     | 304 | OZOBAX .....                  | 81  | peg3350-sod sul-nacl-kcl-asb-c ..... | 264 |
| ORSERDU .....                     | 51  | OZOBAX DS .....               | 81  | PEGASYS .....                        | 275 |
| ORTHAPHEN.....                    | 94  | OZURDEX.....                  | 330 | peg-electrolyte soln .....           | 264 |
| ORTHOVISC .....                   | 94  | <b>P</b>                      |     | PEMAZYRE.....                        | 51  |
| ORTHREXO .....                    | 94  | pacerone.....                 | 118 | POMETREXED.....                      | 51  |
| ORUDIS .....                      | 94  | paclitaxel .....              | 51  | pemetrexed disodium.....             | 51  |
| oscimin .....                     | 257 | paclitaxel protein-bound..... | 51  | POMETREXED DISODIUM.....             | 51  |
| oscimin sl.....                   | 257 | PACNEX.....                   | 166 | PEMFEXY .....                        | 51  |
| oseltamivir.....                  | 9   | PADCEV .....                  | 51  | PEMRYDI RTU .....                    | 51  |
| OSENVELT .....                    | 31  | PALFORZIA (LEVEL 0)....       | 281 | PEN NEEDLE .....                     | 236 |
| OSPHENA .....                     | 306 | PALFORZIA (LEVEL 1)....       | 281 | PENBRAYA (PF) .....                  | 282 |
| OSPOMYV .....                     | 287 | PALFORZIA (LEVEL 2)....       | 281 | penciclovir .....                    | 177 |
| OTEZLA .....                      | 297 | PALFORZIA (LEVEL 3)....       | 281 | penicillamine .....                  | 297 |
| OTEZLA STARTER.....               | 297 | PALFORZIA (LEVEL 4)....       | 281 | PENICILLIN G POT IN                  |     |
| OTEZLA XR.....                    | 297 | PALFORZIA (LEVEL 5)....       | 281 | DEXTROSE .....                       | 25  |
| OTEZLA XR INITIATION.....         | 297 | PALFORZIA (LEVEL 6)....       | 281 | penicillin g potassium.....          | 25  |
| OTOVEL .....                      | 197 | PALFORZIA (LEVEL 7)....       | 281 | penicillin g sodium .....            | 25  |
| OTULFI.....                       | 148 | PALFORZIA (LEVEL 8)....       | 281 | penicillin v potassium.....          | 25  |
| OVIDE .....                       | 186 | PALFORZIA (LEVEL 9)....       | 281 | PENMENVY MEN A-B-C-W-                |     |
| OVIDREL .....                     | 246 | PALFORZIA (LEVEL 10)....      | 281 | Y (PF) .....                         | 282 |
| oxacillin.....                    | 24  | PALFORZIA INITIAL (1-3        |     | PENTACEL (PF).....                   | 282 |
| oxacillin in dextrose(iso-osm) 24 |     | YRS).....                     | 282 | PENTAM.....                          | 21  |
| oxaliplatin.....                  | 51  | PALFORZIA INITIAL (4-17       |     | pentamidine .....                    | 21  |
| oxaprozin.....                    | 94  | YRS).....                     | 282 | PENTASA .....                        | 265 |
| OXAPROZIN.....                    | 94  | PALFORZIA LEVEL 11            |     | pentazocine-naloxone .....           | 94  |
| oxazepam.....                     | 109 | MAINTENANCE.....              | 282 | pentoxifylline.....                  | 137 |
| oxcarbazepine.....                | 67  | paliperidone.....             | 109 | PEPCID .....                         | 270 |
| OXERVATE .....                    | 322 | PALSONIFY .....               | 51  | perampanel .....                     | 67  |
| OXIAICE .....                     | 166 | PALYNZIQ.....                 | 246 | PERCOCET.....                        | 86  |
| OXIANUJO.....                     | 157 | PANCREAZE .....               | 264 | PERFOROMIST.....                     | 342 |
| OXIANUJO (WITH                    |     | PANDEL .....                  | 184 | PERIDEX .....                        | 195 |
| HYALURONATE) .....                | 157 | PANRETIN .....                | 157 | perindopril erbumine .....           | 127 |
| OXIATAR.....                      | 166 | pantoprazole .....            | 270 | periogard.....                       | 195 |
| OXIAVARRY .....                   | 166 | PANZYGA.....                  | 282 | PERJETA .....                        | 52  |
| OXIAVARY.....                     | 166 | PAPZIMEOS.....                | 282 | permethrin.....                      | 186 |
| OXIAZAR.....                      | 166 | PARAGARD T 380A.....          | 300 | perphenazine.....                    | 109 |
| oxiconazole.....                  | 177 | paricalcitol.....             | 246 | perphenazine-amitriptyline...        | 109 |
| OXISTAT.....                      | 177 | PARNATE.....                  | 109 | PERTZYE.....                         | 265 |
| OXLUMO .....                      | 349 | paroex oral rinse .....       | 195 | pfizerpen-g.....                     | 25  |
| OXTELLAR XR .....                 | 67  | paroxetine hcl .....          | 109 | PHARMACIST CHOICE ....               | 226 |
| oxybutynin chloride.....          | 347 | paroxetine                    |     | PHARMACIST CHOICE                    |     |
| OXYBUTYNIN CHLORIDE               |     | mesylate(menop.sym).....      | 109 | GLUCOSE SYS .....                    | 226 |
| .....                             | 347 | PAVBLU .....                  | 322 | PHEBURANE .....                      | 190 |
| oxycodone .....                   | 85  | PAXIL .....                   | 109 | PHEDRAX .....                        | 177 |
| OXYCODONE.....                    | 85  | PAXIL CR.....                 | 109 | phenazopyridine .....                | 351 |
| oxycodone-acetaminophen....       | 85, | PAXLOVID.....                 | 9   | phenelzine.....                      | 109 |
| 86                                |     | pazopanib.....                | 51  | phenobarb-hyoscy-atropine-scop       |     |
| OXYCONTIN .....                   | 86  | PEDIARIX (PF) .....           | 282 | .....                                | 257 |
| oxymorphone.....                  | 86  | PEDVAX HIB (PF).....          | 282 | phenobarbital .....                  | 67  |
| OXYTROL.....                      | 347 | peg 3350-electrolytes .....   | 264 | phenohydro.....                      | 257 |
| OZEMPIC .....                     | 251 |                               |     |                                      |     |

|                                |          |                               |        |                                |          |
|--------------------------------|----------|-------------------------------|--------|--------------------------------|----------|
| phenoxybenzamine.....          | 127      | plerixafor.....               | 272    | PRECISION XTRA KETONE-         |          |
| phenylephrine hcl.....         | 331      | PLEXION.....                  | 167    | GLUCOSE.....                   | 227      |
| phenyleph-tropicamide in water |          | PLEXION CLEANSING             |        | PRECISION XTRA MONITOR         |          |
| .....                          | 320      | CLOTHS.....                   | 167    | .....                          | 227      |
| PHENYTEK.....                  | 67       | PLEXION NS.....               | 148    | PRECISION XTRA TEST...         | 227      |
| phenytoin.....                 | 67       | PLIAGLIS.....                 | 172    | PRED FORTE.....                | 330      |
| phenytoin sodium extended....  | 67       | PNEUMOVAX-23.....             | 282    | PRED MILD.....                 | 330      |
| PHEODOYO.....                  | 157      | PNV TABS 20-1.....            | 356    | prednicarbate.....             | 184      |
| PHEOXIA.....                   | 177      | pnv-select.....               | 356    | prednisoln sp-moxiflox-bromfen |          |
| PHESGO.....                    | 52       | PODOCON.....                  | 152    | .....                          | 322      |
| PHEXX.....                     | 306      | podofilox.....                | 157    | prednisolone.....              | 198      |
| PHEYO.....                     | 177      | POKONZA.....                  | 352    | prednisolone acetate.....      | 330      |
| philith.....                   | 313      | POLIVY.....                   | 52     | PREDNISOLONE ACETATE           |          |
| phosphate laxative.....        | 265      | polycin.....                  | 317    | (PF).....                      | 330      |
| PHOSPHOLINE IODIDE....         | 319      | polyethylene glycol 3350 .... | 265    | PREDNISOLONE ACETATE-          |          |
| PHOTOFRIN.....                 | 52       | polymyxin b sulfate.....      | 21     | BROMFENAC.....                 | 322      |
| PHYRAGO.....                   | 52       | polymyxin b sulf-trimethoprim |        | PREDNISOLONE ACETATE-          |          |
| PHYSIOLYTE.....                | 187      | .....                         | 317    | NEPAFENAC.....                 | 322      |
| PHYSIOSOL IRRIGATION           | 187      | POLY-TUSSIN AC.....           | 335    | prednisolone sod ph-bromfenac  |          |
| PIASKY.....                    | 190      | pomalidomide.....             | 52     | .....                          | 322      |
| PIFELTRO.....                  | 9        | POMALYST.....                 | 52     | PREDNISOLONE SOD PH-           |          |
| pilocarpine hcl.....           | 195, 320 | POMBILITI.....                | 246    | MOXIFLOX.....                  | 328      |
| pimecrolimus.....              | 157      | PONVORY.....                  | 116    | prednisolone sodium phosphate  |          |
| pimozide.....                  | 109      | PONVORY 14-DAY                |        | .....                          | 199, 330 |
| pimtrea (28).....              | 313      | STARTER PACK.....             | 116    | PREDNISOLONE-MOXIFLO-          |          |
| pindolol.....                  | 127      | portia 28.....                | 313    | NEPAFENAC.....                 | 322      |
| pioglitazone.....              | 251      | posaconazole.....             | 4      | PREDNISOLONE-                  |          |
| pioglitazone-glimepiride ..... | 251      | potassium chloride.....       | 352    | MOXIFLOXACIN HCL ..            | 328      |
| pioglitazone-metformin.....    | 251      | POTASSIUM CHLORIDE ..         | 352    | PREDNISOLONE-                  |          |
| PIP BLOOD GLUCOSE              |          | potassium citrate.....        | 349    | MOXIFLOX-BROMFEN               | 323      |
| MONITOR.....                   | 226      | potassium iodide.....         | 199    | PREDNISOLON-MOXIFLOX-          |          |
| PIP BLOOD GLUCOSE TEST         |          | POTELIGEO.....                | 52     | KETOROLAC.....                 | 323      |
| STRIP.....                     | 226      | povidone-iodine.....          | 317    | prednisone.....                | 199      |
| PIP GLUCOSE CONTROL            |          | powderlax.....                | 265    | prednisone intensol.....       | 199      |
| SOLN L1-L2.....                | 226      | PR BENZOYL PEROXIDE.          | 167    | pregabalin.....                | 67       |
| piperacillin-tazobactam.....   | 25       | pr natal 400.....             | 356    | PREGEN DHA.....                | 356      |
| PIPERACILLIN-                  |          | pr natal 400 ec.....          | 356    | PREGENNA.....                  | 357      |
| TAZOBACTAM.....                | 25       | pr natal 430.....             | 356    | PREGNYL.....                   | 246      |
| PIQRAY.....                    | 52       | pr natal 430 ec.....          | 356    | PREMARIN.....                  | 304      |
| pirfenidone.....               | 342      | PRADAXA.....                  | 137    | PREMIER BLU GLUCOSE            |          |
| PIRFENIDONE.....               | 342      | pralatrexate.....             | 52     | METER.....                     | 227      |
| piroxicam.....                 | 94       | PRALUENT PEN.....             | 142    | PREMIER CLASSIC                |          |
| pitavastatin calcium.....      | 142      | pramipexole.....              | 71, 72 | GLUCOSE METER.....             | 227      |
| PIVYA.....                     | 25       | PRAMOSONE.....                | 148    | PREMIER COMPACT                |          |
| PLAN B ONE-STEP.....           | 313      | prasugrel hcl.....            | 137    | GLUCOSE METER.....             | 227      |
| PLAQUENIL.....                 | 21       | pravastatin.....              | 142    | PREMIER TEST STRIP .....       | 227      |
| PLATINUM TEST STRIP...         | 227      | praziquantel.....             | 21     | PREMIER VOICE GLUCOSE          |          |
| PLAVIX.....                    | 137      | prazosin.....                 | 127    | METER.....                     | 227      |
| PLEGRIDY.....                  | 116      | PRECISION POINT OF CARE       |        | PREMIUM BLOOD                  |          |
| PLENURA.....                   | 148      | TEST.....                     | 227    | GLUCOSE MONITOR....            | 227      |
| PLENVU.....                    | 265      |                               |        | PREMIUM V10.....               | 227, 228 |

|                                    |     |                               |     |                                |     |
|------------------------------------|-----|-------------------------------|-----|--------------------------------|-----|
| PREMPHASE .....                    | 304 | PRILO PATCH .....             | 172 | PROLATE .....                  | 86  |
| PREMPRO .....                      | 304 | PRILOSEC .....                | 270 | PROLENSA .....                 | 324 |
| PRENATA .....                      | 357 | primaquine.....               | 21  | PROLEUKIN .....                | 272 |
| prenatabs fa .....                 | 357 | PRIMAXIN IV .....             | 21  | PROLIA.....                    | 287 |
| prenatabs rx .....                 | 357 | primidone.....                | 67  | PROMACTA .....                 | 137 |
| prenatal .....                     | 357 | PRIMIDONE.....                | 67  | promethazine .....             | 333 |
| prenatal complete .....            | 357 | PRIMLEV .....                 | 86  | promethazine-codeine.....      | 335 |
| prenatal multi-dha (algal oil) 357 |     | PRIMSOL.....                  | 29  | promethazine-dm.....           | 335 |
| prenatal multivitamins.....        | 357 | PRIORIX (PF).....             | 282 | promethazine-phenylephrine 335 |     |
| prenatal one daily .....           | 357 | PRISTIQ.....                  | 109 | promethegan .....              | 333 |
| prenatal plus .....                | 357 | PRIVIGEN .....                | 282 | PROMETRIUM .....               | 304 |
| prenatal plus (calcium carb). 357  |     | PRO VOICE V8-V9 TEST          |     | PROMISEB .....                 | 157 |
| PRENATAL PLUS DHA.....             | 357 | STRIP .....                   | 228 | PRONAL .....                   | 157 |
| PRENATAL PLUS VITAMIN-             |     | PRO VOICE V9 GLUCOSE          |     | propafenone .....              | 118 |
| MINERAL.....                       | 357 | MONITOR .....                 | 228 | proparacaine .....             | 323 |
| prenatal vit no.179-iron-folic357  |     | PROAIR RESPICLICK .....       | 342 | propranolol .....              | 128 |
| prenatal vitamin.....              | 357 | probenecid .....              | 285 | propylthiouracil .....         | 199 |
| prenatal vitamin with minerals     |     | probenecid-colchicine .....   | 286 | PROQUAD (PF).....              | 283 |
| .....                              | 357 | PROCARDIA XL.....             | 128 | PROSCAR.....                   | 348 |
| PRENATE DHA (FERR ASP              |     | procentra.....                | 110 | PROTHELIAL .....               | 195 |
| GLYCIN) .....                      | 357 | prochlorperazine.....         | 265 | PROTONIX.....                  | 270 |
| PRENATE ELITE (IRON ASP            |     | prochlorperazine maleate .... | 265 | protriptyline .....            | 110 |
| GLYC).....                         | 358 | PROCORT.....                  | 265 | PROVERA .....                  | 304 |
| PRENATE ENHANCE.....               | 358 | PROCRIT .....                 | 272 | PROVIDA OB.....                | 358 |
| PRENATE MINI (FERR ASP             |     | PROCTOCORT.....               | 265 | PROVIGIL .....                 | 110 |
| GLYCIN) .....                      | 358 | PROCTOFOAM HC .....           | 265 | PROZAC .....                   | 110 |
| PRENATE PIXIE.....                 | 358 | procto-med hc.....            | 265 | prucalopride.....              | 265 |
| PRENATE RESTORE .....              | 358 | proctosol hc .....            | 265 | pruclair.....                  | 157 |
| PRENATE STAR.....                  | 358 | proctozone-hc .....           | 265 | prudoxin.....                  | 157 |
| PREPIDIL .....                     | 306 | PROCYSBI .....                | 349 | prumyx.....                    | 157 |
| PRESTALIA .....                    | 128 | PRODIGY AUTOCODE              |     | pruradik.....                  | 186 |
| PRETOMANID.....                    | 21  | METER .....                   | 228 | PULMICORT .....                | 343 |
| PREVACID.....                      | 270 | PRODIGY AUTOCODE              |     | PULMICORT FLEXHALER            |     |
| PREVACID SOLUTAB .....             | 270 | MONITOR SYST.....             | 228 | .....                          | 342 |
| prevalite.....                     | 142 | PRODIGY CONTROL               |     | pulmosal .....                 | 343 |
| PREVIDENT.....                     | 195 | SOLUTION, LOW .....           | 228 | PULMOZYME.....                 | 343 |
| PREVIDENT 5000 BOOSTER             |     | PRODIGY CONTROL               |     | PURAZIL .....                  | 148 |
| PLUS .....                         | 195 | SOLUTION,HIGH.....            | 228 | purelax .....                  | 265 |
| PREVIDENT 5000 ENAMEL              |     | PRODIGY NO CODING.....        | 228 | purevita folic acid.....       | 358 |
| PROTECT .....                      | 195 | PRODIGY POCKET METER          |     | PURIXAN .....                  | 52  |
| PREVIDENT 5000 ORTHO               |     | .....                         | 228 | PYLERA.....                    | 270 |
| DEFENSE .....                      | 195 | PRODIGY VOICE GLUCOSE         |     | pyquvi .....                   | 199 |
| PREVIDENT 5000 PLUS....            | 195 | METER .....                   | 228 | pyrazinamide .....             | 21  |
| PREVIDENT 5000 SENSITIVE           |     | PROFILNINE.....               | 137 | PYRIDIUM .....                 | 351 |
| .....                              | 195 | PROFINAC .....                | 94  | pyridostigmine bromide.....    | 81  |
| PREVIDENT KIDS .....               | 195 | progesterone .....            | 304 | PYRIDOSTIGMINE                 |     |
| PREVNAR 20 (PF).....               | 282 | progesterone micronized ..... | 304 | BROMIDE.....                   | 81  |
| PREVYMIS.....                      | 9   | PROGLYCEM .....               | 235 | pyrimethamine.....             | 21  |
| PREZCOBIX.....                     | 9   | PROGRAF .....                 | 52  | PYRUKYND.....                  | 191 |
| PREZISTA .....                     | 9   | PROLASTIN-C.....              | 190 | PYZCHIVA .....                 | 148 |
| PRIFTIN.....                       | 21  | prolate.....                  | 86  |                                |     |

|                               |     |                            |          |                            |     |
|-------------------------------|-----|----------------------------|----------|----------------------------|-----|
| PYZCHIVA AUTOINJECTOR .....   | 148 | ranitidine hcl.....        | 270      | RELSTONE.....              | 266 |
| <b>Q</b>                      |     | ranolazine .....           | 144      | REMERON.....               | 111 |
| QALSODY.....                  | 78  | RAPIVAB (PF) .....         | 9        | REMERON SOLTAB.....        | 111 |
| QBRELIS .....                 | 128 | rasagiline .....           | 72       | REMICADE .....             | 266 |
| QBREXZA.....                  | 157 | RASUVO (PF) .....          | 297      | REMODULIN .....            | 128 |
| QELBREE.....                  | 110 | RAVICTI.....               | 191      | REMYDA.....                | 167 |
| QFITLIA .....                 | 138 | RAYALDEE .....             | 246      | RENACIDIN .....            | 350 |
| QFITLIA PEN.....              | 138 | RAYASAL .....              | 153      | rena-vite.....             | 358 |
| QINLOCK.....                  | 52  | REBIF (WITH ALBUMIN).117   |          | RENFLEXIS.....             | 266 |
| QIVIGY.....                   | 283 | REBIF REBIDOSE .....       | 117      | RENSOTI .....              | 167 |
| QLOSI .....                   | 320 | REBIF TITRATION PACK.117   |          | renthyroid .....           | 254 |
| QNASL.....                    | 343 | REBINYN .....              | 138      | RENTHYROID .....           | 254 |
| QUADRACEL (PF) .....          | 283 | REBLOZYL .....             | 273      | REVELA .....               | 352 |
| QUAZEPAM.....                 | 110 | REBYOTA .....              | 265      | repaglinide .....          | 251 |
| QUESTRAN.....                 | 142 | RECARBRIO .....            | 21       | REPATHA PUSHTRONEX 142     |     |
| QUESTRAN LIGHT.....           | 142 | RECLAST .....              | 191      | REPATHA SURECLICK ....143  |     |
| quetiapine .....              | 110 | reclipsen (28).....        | 313      | REPATHA SYRINGE .....      | 143 |
| QUETIAPINE .....              | 110 | RECOMBINATE .....          | 138      | RESPA-AR.....              | 335 |
| QUIDROXZAR .....              | 157 | RECOMBIVAX HB (PF) ....283 |          | RESTASIS.....              | 323 |
| QUIHOXAXIA .....              | 157 | RECORLEV .....             | 246      | RESTASIS MULTIDOSE....323  |     |
| QUIHOXVAR.....                | 157 | RECTIV.....                | 266      | RESTIMO.....               | 167 |
| QUILLICHEW ER.....            | 110 | REDEMPLO .....             | 142      | RESTORIL .....             | 111 |
| QUILLIVANT XR.....            | 110 | REFUAH PLUS .....          | 229      | RETACRIT.....              | 273 |
| quinapril .....               | 128 | REFUAH PLUS GLUCOSE        |          | RETEVMO.....               | 53  |
| quinapril-hydrochlorothiazide |     | CONTROL .....              | 229      | RETIN-A .....              | 167 |
| .....                         | 128 | REFUAH PLUS GLUCOSE        |          | RETIN-A MICRO PUMP ....167 |     |
| quinidine gluconate .....     | 118 | MONITOR .....              | 229      | RETISERT .....             | 330 |
| quinidine sulfate .....       | 118 | REGLAN.....                | 266      | RETROVIR .....             | 10  |
| quinine sulfate .....         | 21  | RELAFEN DS.....            | 94       | REVATIO.....               | 343 |
| QUINIXIL.....                 | 184 | RELAGARD .....             | 306      | REVCovi .....              | 191 |
| QUINJA .....                  | 173 | RELENZA DISKHALER.....10   |          | REVEAL BLOOD GLUCOSE       |     |
| QUINTET AC .....              | 229 | RELEUKO .....              | 273      | METER.....                 | 230 |
| QUINTET BLOOD GLUCOSE         |     | RELEXXII.....              | 110, 111 | REVEAL TEST STRIP .....    | 230 |
| METER .....                   | 229 | relgaabi .....             | 68       | REVLIMID.....              | 53  |
| QULIPTA.....                  | 74  | RELGAABI.....              | 67       | REVUFORJ .....             | 53  |
| QUTENZA .....                 | 157 | RELION ALL-IN-ONE          |          | REXTOVY .....              | 94  |
| QUVIVIQ.....                  | 110 | METER .....                | 229      | REXULTI.....               | 111 |
| QVAR REDHALER.....            | 343 | RELION CONFIRM .....       | 229      | REYATAZ .....              | 10  |
| <b>R</b>                      |     | RELION CONFIRM-MICRO       |          | REZDIFFRA .....            | 191 |
| RABAVER (PF) .....            | 283 | .....                      | 229      | REZLIDHIA.....             | 53  |
| rabeprazole .....             | 270 | RELION MICRO GLUCOSE       |          | REZUROCK.....              | 53  |
| RABEPRAZOLE .....             | 270 | MONITOR .....              | 229      | REZVOGLAR KWIKPEN ..241    |     |
| RADICAVA.....                 | 78  | RELION NOVOLIN 70/30..241  |          | REZZAYO .....              | 4   |
| RADICAVA ORS STARTER          |     | RELION NOVOLIN N .....     | 241      | RHAPSIDO .....             | 191 |
| KIT SUSP.....                 | 78  | RELION NOVOLIN R .....     | 241      | RHOFADE .....              | 167 |
| RADIOGARDASE .....            | 191 | RELION PRIME METER...229   |          | RHOPRESSA .....            | 326 |
| RALDESY .....                 | 110 | RELION PRIME TEST STRIPS   |          | RIABNI .....               | 53  |
| raloxifene.....               | 287 | .....                      | 230      | RIASTAP .....              | 138 |
| ramelteon.....                | 110 | RELION ULTIMA.....         | 230      | ribavirin .....            | 10  |
| ramipril .....                | 128 | RELISTOR.....              | 266      | RIDAURA .....              | 297 |
|                               |     | RELPAx .....               | 74       | rifabutin .....            | 21  |

|                            |          |                               |     |                            |          |
|----------------------------|----------|-------------------------------|-----|----------------------------|----------|
| RIFADIN.....               | 21       | ROSZET.....                   | 143 | SAPHNELO.....              | 54       |
| rifampin.....              | 21       | ROTARIX.....                  | 283 | SAPHNELO PEN.....          | 54       |
| RIGHTEST CONTROL           |          | ROTATEQ VACCINE.....          | 283 | SAPHRIS.....               | 111      |
| SOLUTION HIGH.....         | 230      | ROVIS.....                    | 167 | sapropterin.....           | 246      |
| RIGHTEST GM550 SYSTEM      |          | ROWASA.....                   | 266 | SARCLISA.....              | 54       |
| .....                      | 230      | roweepra.....                 | 68  | SAROXIA.....               | 167      |
| RIGHTEST GS550 TEST        |          | ROXICODONE.....               | 86  | SAVAYSA.....               | 138      |
| STRIPS.....                | 230      | ROXYBOND.....                 | 87  | SAVELLA.....               | 297      |
| RIGHTEST GT333 GLUCOSE     |          | ROZEREM.....                  | 111 | saxagliptin.....           | 252      |
| METER.....                 | 230      | ROZLYTREK.....                | 53  | saxagliptin-metformin..... | 252      |
| RIGHTEST GT333 TEST        |          | RUBRACA.....                  | 53  | scalacort.....             | 184      |
| STRIP.....                 | 231      | RUCONEST.....                 | 343 | SCALACORT DK.....          | 184      |
| rilpivirine hcl.....       | 10       | rufinamide.....               | 68  | SCEMBLIX.....              | 54       |
| riluzole.....              | 191      | RUKOBIA.....                  | 10  | SCENESSE.....              | 157      |
| rimantadine.....           | 10       | RUMILO.....                   | 167 | scopolamine base.....      | 266      |
| ringer's.....              | 187      | RUXIENCE.....                 | 53  | SDAMLO.....                | 128      |
| RINVOQ.....                | 297      | RYALTRIS.....                 | 343 | SEBUDERM.....              | 157      |
| RINVOQ LQ.....             | 297      | RYBELSUS.....                 | 252 | SECUADO.....               | 111      |
| RIOMET.....                | 251      | RYBREVANT.....                | 53  | SEGLUROMET.....            | 252      |
| risedronate.....           | 191, 287 | RYBREVANT FASPRO.....         | 53  | SELARSDI.....              | 148, 149 |
| RISPERDAL.....             | 111      | RYCLORA.....                  | 333 | SELECT-OB.....             | 358      |
| risperidone.....           | 111      | RYDAPT.....                   | 54  | SELECT-OB (FOLIC ACID)     |          |
| RITALIN.....               | 111      | RYLAZE.....                   | 54  | .....                      | 358      |
| ritonavir.....             | 10       | RYNODERM.....                 | 157 | SELECT-OB + DHA.....       | 358      |
| RITUXAN.....               | 53       | RYONCIL.....                  | 191 | selegiline hcl.....        | 72       |
| RITUXAN HYCELA.....        | 53       | RYSTIGGO.....                 | 81  | selenium sulfide.....      | 149      |
| rivaroxaban.....           | 138      | RYTARY.....                   | 72  | SELZENTRY.....             | 10       |
| rivastigmine.....          | 78       | RYTELO.....                   | 54  | SEMGLEE(INSULIN            |          |
| rivastigmine tartrate..... | 78       | RYVENT.....                   | 333 | GLARGINE-YFGN).....        | 241      |
| rivelsa.....               | 313      | RYZNEUTA.....                 | 273 | SEMGLEE(INSULIN GLARG-     |          |
| RIVFLOZA.....              | 350      | <b>S</b>                      |     | YFGN)PEN.....              | 241      |
| RIXUBIS.....               | 138      | SABRIL.....                   | 68  | se-natal 19.....           | 358      |
| rizatriptan.....           | 74       | sacubitril-valsartan.....     | 144 | se-natal 19 chewable.....  | 358      |
| R-NATAL OB.....            | 358      | SAFYRAL.....                  | 314 | SENSIPAR.....              | 246      |
| ROAOXIA.....               | 94       | sajazir.....                  | 343 | SEPHIENCE.....             | 246      |
| ROBINUL.....               | 257      | SALAGEN (PILOCARPINE)         |     | SEREVENT DISKUS.....       | 343      |
| ROBINUL FORTE.....         | 257      | .....                         | 196 | SERNIVO.....               | 184      |
| ROCELIX.....               | 167      | SALICATE.....                 | 153 | SEROQUEL.....              | 111      |
| ROCKLATAN.....             | 326      | salicylic acid.....           | 153 | SEROQUEL XR.....           | 112      |
| ROCTAVIAN.....             | 138      | salicylic acid-ceramides no.1 | 153 | SEROSTIM.....              | 274      |
| roflumilast.....           | 343      | salimez.....                  | 153 | sertraline.....            | 112      |
| ROLVEDON.....              | 273      | SALIMEZ FORTE.....            | 153 | setlakin.....              | 314      |
| romidepsin.....            | 53       | salsalate.....                | 94  | sevelamer carbonate.....   | 352      |
| ROMIDEPSIN.....            | 53       | salycim.....                  | 153 | sevelamer hcl.....         | 353      |
| ROMVIMZA.....              | 53       | SAMSCA.....                   | 246 | SEVENFACT.....             | 138      |
| ropinirole.....            | 72       | SANCUSO.....                  | 266 | SEYSARA.....               | 28       |
| rosadan.....               | 167      | SANDIMMUNE.....               | 54  | sf 196                     |          |
| ROSADAN.....               | 167      | SANDOSTATIN.....              | 54  | sf 5000 plus.....          | 196      |
| ROSITARA.....              | 167      | SANDOSTATIN LAR DEPOT         |     | sharobel.....              | 304      |
| rosuvastatin.....          | 143      | .....                         | 54  | shewise.....               | 314      |
| rosyrah.....               | 313      | SANTYL.....                   | 186 | SHINGRIX (PF).....         | 283      |

|                                  |          |                                  |          |                                    |          |
|----------------------------------|----------|----------------------------------|----------|------------------------------------|----------|
| SIGNIFOR .....                   | 54       | SMARTEST PRONTO                  |          | SPIKEVAX 2025-2026(12Y             |          |
| SIGNIFOR LAR .....               | 54       | STARTER .....                    | 231      | UP)(PF).....                       | 283      |
| SIKLOS .....                     | 54       | SMARTEST PROTEGE .....           | 231      | SPIKEVAX 2025-26 (6M-11Y)          |          |
| sildenafil .....                 | 350      | SMARTEST TEST.....               | 231      | (PF).....                          | 283      |
| sildenafil (pulm.hypertension)   |          | smoothlax .....                  | 266      | spinosad .....                     | 186      |
| .....                            | 343      | SOAANZ.....                      | 128      | SPINRAZA (PF) .....                | 78       |
| SILENOR.....                     | 112      | sodium chloride .....            | 191, 344 | SPIRIVA RESPIMAT .....             | 344      |
| SILIQ.....                       | 149      | sodium chloride 0.9 %.....       | 191      | SPIRIVA WITH                       |          |
| silodosin .....                  | 348      | sodium citrate-citric acid ..... | 350      | HANDIHALER.....                    | 344      |
| SILVADENE .....                  | 152      | sodium fluoride 5000 plus ....   | 196      | spironolactone.....                | 128      |
| silver nitrate.....              | 157      | sodium fluoride-pot nitrate...   | 196      | spironolacton-hydrochlorothiaz     |          |
| silver nitrate applicators ..... | 157      | sodium oxybate.....              | 112      | .....                              | 128      |
| silver sulfadiazine.....         | 152      | sodium phenylbutyrate .....      | 191      | SPORANOX.....                      | 4        |
| SILVRSTAT .....                  | 173      | sodium polystyrene sulfonate     |          | SPRAVATO .....                     | 112      |
| SIMBRINZA .....                  | 326      | .....                            | 353      | sprintec (28).....                 | 314      |
| SIMLANDI(CF).....                | 298      | sodium,potassium,mag sulfates    |          | SPRITAM.....                       | 68       |
| SIMLANDI(CF)                     |          | .....                            | 266      | SPRIX.....                         | 95       |
| AUTOINJECTOR.....                | 297      | SOFDRA .....                     | 158      | SPRYCEL.....                       | 55       |
| simliya (28) .....               | 314      | SOFOSBUVIR-                      |          | sps (with sorbitol).....           | 353      |
| simpesse .....                   | 314      | VELPATASVIR.....                 | 10       | ssd .....                          | 152      |
| SIMPLERA SENSOR.....             | 231      | SOGROYA.....                     | 274      | SSKI .....                         | 199      |
| SIMPLERA SYNC SENSOR             |          | SOHONOS .....                    | 191      | sss 10-5 .....                     | 168      |
| .....                            | 231      | solifenacin .....                | 348      | st joseph aspirin .....            | 95       |
| SIMPONI .....                    | 298      | SOLQUA 100/33 .....              | 241      | st. joseph aspirin .....           | 95       |
| SIMPONI ARIA.....                | 298      | SOLIRIS .....                    | 191      | STAMARIL (PF).....                 | 283      |
| SIMULECT .....                   | 54       | SOLOSEC .....                    | 22       | STARJEMZA .....                    | 149      |
| simvastatin.....                 | 143      | SOLOX GEL.....                   | 158      | STEGLATRO.....                     | 252      |
| SINEMET.....                     | 72       | SOLTAMOX.....                    | 55       | STEGLUJAN .....                    | 252      |
| SINGULAIR .....                  | 343, 344 | SOLUS V2 AUDIBLE METER           |          | STELARA .....                      | 149      |
| SINUVA.....                      | 344      | .....                            | 231      | STEQEYMA .....                     | 150      |
| sirolimus .....                  | 54, 55   | SOLUS V2 CONTROL                 |          | STIMUFEND .....                    | 273      |
| SIRTURO.....                     | 21       | SOLUTION,HIGH .....              | 231      | STIOLTO RESPIMAT .....             | 344      |
| SIRVANA .....                    | 167      | SOLUS V2 TEST STRIPS...          | 232      | STIVARGA .....                     | 55       |
| SITAGLIPTIN .....                | 252      | soluvita a,c,d with fluoride...  | 359      | STOBOCLO .....                     | 287      |
| SITAGLIPTIN-METFORMIN            |          | SOMA .....                       | 81       | stop smoking aid.....              | 194      |
| .....                            | 252      | SOMATULINE DEPOT .....           | 55       | STRENSIQ.....                      | 246      |
| SIVEXTRO .....                   | 21       | SOMAVERT .....                   | 246      | STREPTOMYCIN .....                 | 22       |
| SKYCLARYS .....                  | 78       | sonafine .....                   | 158      | stress formula with iron(sulf)359  |          |
| SKYLA .....                      | 300      | SOOLANTRA.....                   | 167      | STRIBILD .....                     | 10       |
| SKYRIZI .....                    | 149, 266 | sorafenib .....                  | 55       | STRIVERDI RESPIMAT ....            | 344      |
| SKYSONA .....                    | 78       | SORBITOL .....                   | 187      | STROMECTOL .....                   | 22       |
| SKYTROFA.....                    | 274      | SORBITOL-MANNITOL...             | 187      | strong iodine .....                | 173, 353 |
| SLYND.....                       | 314      | SORILUX.....                     | 149      | SUBLOCADE .....                    | 87       |
| SMART SENSE                      |          | SORIXIA.....                     | 167      | SUBOXONE .....                     | 95       |
| MONITORING SYSTEM                | 231      | sotalol .....                    | 118      | subvenite.....                     | 68       |
| SMART SENSE TEST STRIPS          |          | sotalol af.....                  | 118      | SUBVENITE.....                     | 68       |
| .....                            | 231      | SOTYKTU .....                    | 149      | subvenite starter (blue) kit ..... | 68       |
| SMARTEST CONTROL .....           | 231      | SOTYLIZE.....                    | 118      | subvenite starter (green) kit ...  | 68       |
| SMARTEST EJECT .....             | 231      | SOVALDI .....                    | 10       | subvenite starter (orange) kit ..  | 68       |
| SMARTEST PERSONA                 |          | SOVUNA .....                     | 22       | SUCRAID.....                       | 266      |
| STARTER .....                    | 231      | SPEVIGO .....                    | 149      | sucrafate.....                     | 270      |

|                                     |          |                                      |         |                                      |     |
|-------------------------------------|----------|--------------------------------------|---------|--------------------------------------|-----|
| SUFLAVE.....                        | 266      | SYMBICORT.....                       | 344     | TARDEOXIA.....                       | 169 |
| SULAR.....                          | 128      | SYMBRAVO .....                       | 74      | TARDIMAXIA .....                     | 169 |
| SULCONAZOLE.....                    | 177      | SYMDEKO .....                        | 344     | TARGADOX.....                        | 28  |
| sulfacetamide sodium... 150, 330    |          | SYMFI.....                           | 10      | TARGRETIN .....                      | 56  |
| sulfacetamide sodium (acne) 173     |          | SYMPAZAN .....                       | 68      | tarina 24 fe.....                    | 314 |
| sulfacetamide sodium-sulfur 168     |          | SYMPROIC .....                       | 267     | tarina fe 1/20 (28).....             | 314 |
| SULFACETAMIDE SODIUM-SULFUR.....    | 168      | SYMTUZA.....                         | 11      | TAROXIA .....                        | 169 |
| sulfacetamide sod-sulfur-urea ..... | 168      | SYNALAR .....                        | 185     | TARPEYO.....                         | 199 |
| sulfacetamide-prednisolone.. 330    |          | SYNALAR CREAM KIT ...                | 184     | TASCENSO ODT .....                   | 117 |
| sulfacleanse 8-4.....               | 168      | SYNALAR OINTMENT KIT .....           | 185     | TASIGNA.....                         | 56  |
| sulfadiazine.....                   | 26       | SYNALAR TS .....                     | 185     | tasimelteon.....                     | 112 |
| sulfamethoxazole-trimethoprim ..... | 26       | SYNAREL.....                         | 247     | TASMAR .....                         | 72  |
| SULFAMYLON.....                     | 173      | SYNDROS .....                        | 267     | tavaborole .....                     | 177 |
| sulfasalazine .....                 | 266, 267 | SYNJARDY .....                       | 252     | TAVALISSE .....                      | 138 |
| sulfatrim .....                     | 27       | SYNJARDY XR.....                     | 252     | TAVNEOS .....                        | 192 |
| sulindac.....                       | 95       | SYNTHROID.....                       | 254     | TAYTULLA.....                        | 314 |
| SUMADAN.....                        | 168      | SYNVISC.....                         | 95      | tazarotene.....                      | 169 |
| SUMADAN XLT .....                   | 168      | SYNVISC-ONE .....                    | 95      | TAZAROTENE.....                      | 169 |
| sumatriptan .....                   | 74       | SYPRINE .....                        | 192     | tazicef .....                        | 15  |
| sumatriptan succinate .....         | 74       | <b>T</b>                             |         | TAZORAC .....                        | 169 |
| sumatriptan-naproxen.....           | 74       | TABLOID .....                        | 55      | TECARTUS .....                       | 56  |
| SUMAXIN .....                       | 168, 169 | TABRECTA.....                        | 55      | TECELRA .....                        | 56  |
| SUMAXIN CP .....                    | 168      | TACLONEX .....                       | 150     | TECENTRIQ.....                       | 56  |
| SUMAXIN TS.....                     | 169      | tacrolimus .....                     | 55, 158 | TECENTRIQ HYBREZA .....              | 56  |
| sunitinib malate .....              | 55       | TACROLIMUS.....                      | 55      | TECFIDERA .....                      | 117 |
| SUNLENCA.....                       | 10       | tadalafil.....                       | 348     | TECVAYLI .....                       | 56  |
| SUNOSI .....                        | 112      | tadalafil (pulm. hypertension) ..... | 344     | TEFLARO .....                        | 15  |
| SUPARTZ FX.....                     | 95       | TADLIQ .....                         | 344     | TEGLUTIK .....                       | 192 |
| super b-50 complex .....            | 359      | TAFINLAR .....                       | 55      | TEGRETOL .....                       | 68  |
| super quints .....                  | 359      | tafluprost (pf).....                 | 326     | TEGRETOL XR.....                     | 68  |
| SUPPRELIN LA .....                  | 55       | TAGRISSO .....                       | 55      | TEKTRNA.....                         | 128 |
| SUPREP BOWEL PREP KIT .....         | 267      | TAKE ACTION .....                    | 314     | TELCARE CONTROL .....                | 232 |
| SURE RESULT TAC PAK.. 184           |          | TAKHZYRO .....                       | 344     | TELCARE TEST STRIPS ..               | 232 |
| SURE-TEST EASYPLUS MINI .....       | 232      | TALICIA.....                         | 270     | TELIORA.....                         | 185 |
| SURE-TEST EASYPLUS MINI METER ..... | 232      | TALTZ AUTOINJECTOR ..                | 150     | telmisartan .....                    | 129 |
| SUSVIMO.....                        | 323      | TALTZ AUTOINJECTOR (2 PACK).....     | 150     | telmisartan-amlodipine .....         | 129 |
| SUSVIMO (INITIAL FILL) 323          |          | TALTZ AUTOINJECTOR (3 PACK).....     | 150     | telmisartan-hydrochlorothiazid ..... | 129 |
| SUTAB.....                          | 267      | TALTZ SYRINGE .....                  | 150     | temazepam.....                       | 112 |
| SUTENT.....                         | 55       | TALVEY .....                         | 55      | TEMBEXA.....                         | 11  |
| syeda.....                          | 314      | TALZENNA.....                        | 55      | TEMODAR .....                        | 56  |
| SYLVANT .....                       | 55       | TAMIFLU .....                        | 11      | temozolomide .....                   | 56  |
| SYMAX DUOTAB.....                   | 257      | tamoxifen.....                       | 56      | temsirolimus .....                   | 56  |
| symax fastabs .....                 | 257      | tamsulosin.....                      | 348     | tencon .....                         | 87  |
| symax-sl .....                      | 257      | tanlor.....                          | 81      | TENIVAC (PF) .....                   | 284 |
| symax-sr .....                      | 257      | tapentadol .....                     | 95      | tenofovir disoproxil fumarate. 11    |     |
|                                     |          | TAPENTADOL.....                      | 95      | TENORMIN.....                        | 129 |
|                                     |          | TAPERDEX .....                       | 199     | TEPADINA .....                       | 56  |
|                                     |          |                                      |         | TEPEZZA.....                         | 247 |
|                                     |          |                                      |         | TEPMETKO.....                        | 56  |
|                                     |          |                                      |         | TEPYLUTE.....                        | 56  |



|                                        |     |                                          |          |                                         |          |
|----------------------------------------|-----|------------------------------------------|----------|-----------------------------------------|----------|
| terazosin .....                        | 129 | TIMOL-BRIMON-DORZOL-<br>BIMATO(PF) ..... | 326      | tolvaptan .....                         | 248      |
| terbinafine hcl.....                   | 4   | timolol .....                            | 318      | tolvaptan (polycys kidney dis)<br>..... | 247, 248 |
| terbutaline.....                       | 344 | timolol maleate.....                     | 129, 318 | TONMYA.....                             | 82       |
| terconazole .....                      | 306 | timolol maleate (pf) .....               | 318      | TOPAMAX .....                           | 68       |
| teriflunomide .....                    | 117 | TIMOLOL-BIMATOPROST<br>.....             | 326      | TOPICORT.....                           | 185      |
| teriparatide.....                      | 287 | TIMOLOL-BRIMON-<br>DORZOL-BIMATOP .....  | 326      | topiramate.....                         | 68, 69   |
| TERLIVAZ .....                         | 247 | TIMOLOL-BRIMONIDI-<br>DORZOLAM(PF) ..... | 326      | topotecan.....                          | 57       |
| TEST N'GO BLOOD<br>GLUCOSE SYSTEM..... | 232 | TIMOLOL-BRIMONIDINE-<br>DORZOLAMID ..... | 326      | TOPROL XL .....                         | 129      |
| TEST N'GO TEST .....                   | 232 | TIMOLOL-DORZOLAM-<br>BIMATOPRO(PF) ..... | 327      | toremifene.....                         | 57       |
| TESTIM .....                           | 247 | TIMOLOL-DORZOLAMIDE-<br>BIMATOPROS ..... | 327      | TORISEL.....                            | 57       |
| TESTONE CIK .....                      | 247 | TIMOPTIC OCUDOSE (PF)<br>.....           | 319      | TORONOVA II SUIK.....                   | 95       |
| TESTOPEL .....                         | 247 | tinidazole .....                         | 22       | TORONOVA SUIK .....                     | 95       |
| testosterone.....                      | 247 | tiopronin .....                          | 192      | torpenz .....                           | 57       |
| TESTOSTERONE .....                     | 247 | tiotropium bromide.....                  | 345      | torsemide .....                         | 129      |
| testosterone cypionate .....           | 247 | TIROSINT .....                           | 254      | torvex.....                             | 95       |
| testosterone enanthate .....           | 247 | TIROSINT-SOL .....                       | 255      | TOSYMRA.....                            | 74       |
| TETOXIA.....                           | 185 | TIVDAK.....                              | 57       | TOUJEO MAX U-300<br>SOLOSTAR .....      | 242      |
| tetrabenazine.....                     | 78  | TIVICAY.....                             | 11       | TOUJEO SOLOSTAR U-300<br>INSULIN .....  | 242      |
| tetracaine hcl .....                   | 323 | TIVICAY PD .....                         | 11       | tovet emollient.....                    | 185      |
| TETRACAINE HCL (PF)....                | 323 | tizanidine .....                         | 81, 82   | TOVET KIT .....                         | 185      |
| tetracycline .....                     | 28  | TIZANIDINE .....                         | 81       | TOVIAZ .....                            | 348      |
| TEVIMBRA .....                         | 56  | TLANDO.....                              | 247      | TRACLEER .....                          | 345      |
| TEXACORT.....                          | 185 | TOBI.....                                | 22       | TRADJENTA.....                          | 252      |
| TEZRULY .....                          | 129 | TOBI PODHALER .....                      | 22       | tramadol.....                           | 96       |
| TEZSPIRE.....                          | 344 | TOBRADEX .....                           | 328      | TRAMADOL .....                          | 95, 96   |
| THALITONE .....                        | 129 | TOBRADEX ST.....                         | 328      | tramadol-acetaminophen .....            | 96       |
| THALOMID.....                          | 56  | tobramycin.....                          | 22, 318  | trandolapril .....                      | 129      |
| THEO-24.....                           | 345 | tobramycin in 0.225 % nacl....           | 22       | trandolapril-verapamil .....            | 129      |
| theophylline.....                      | 345 | tobramycin sulfate .....                 | 22       | tranexamic acid.....                    | 306      |
| THIOLA .....                           | 192 | TOBRAMYCIN WITH<br>NEBULIZER.....        | 22       | TRANSERM-SCOP .....                     | 267      |
| THIOLA EC .....                        | 192 | tobramycin-dexamethasone..               | 328      | tranylcypromine.....                    | 112      |
| thioridazine.....                      | 112 | tobramycin-lotepred .....                | 328      | TRANZAREL .....                         | 172      |
| thiotepa .....                         | 57  | TOBRAMYCIN-<br>VANCOMYCIN .....          | 318      | TRAVATAN Z.....                         | 327      |
| thiothixene.....                       | 112 | TOBREX.....                              | 318      | travoprost.....                         | 327      |
| THRIVITE RX.....                       | 359 | TOFIDENCE.....                           | 298      | TRAZIMERA.....                          | 57       |
| THYMOGLOBULIN.....                     | 284 | tolcapone .....                          | 72       | trazodone .....                         | 112      |
| THYQUIDITY .....                       | 254 | TOLECTIN 600 .....                       | 95       | TREANDA .....                           | 57       |
| thyroid (pork) .....                   | 254 | tolectin ds .....                        | 95       | TRELEGY ELLIPTA.....                    | 345      |
| tiadylt er.....                        | 129 | tolmetin.....                            | 95       | TRELSTAR.....                           | 57       |
| tiagabine .....                        | 68  | TOLSURA.....                             | 4        | TREMFYA .....                           | 150, 151 |
| TIAZAC .....                           | 129 | tolterodine.....                         | 348      | TREMFYA ONE-PRESS.....                  | 150      |
| TIBSOVO.....                           | 57  |                                          |          | TREMFYA PEN .....                       | 151      |
| ticagrelor.....                        | 138 |                                          |          | TREMFYA PEN INDUCTION<br>PK(2PEN).....  | 150      |
| TICANASE .....                         | 345 |                                          |          | treprostinil sodium.....                | 129      |
| TICE BCG.....                          | 284 |                                          |          | TRESIBA FLEXTOUCH U-100<br>.....        | 242      |
| TICOVAC .....                          | 284 |                                          |          |                                         |          |
| tigecycline .....                      | 22  |                                          |          |                                         |          |
| TIGLUTIK .....                         | 192 |                                          |          |                                         |          |
| TIKOSYN .....                          | 118 |                                          |          |                                         |          |
| tilia fe.....                          | 314 |                                          |          |                                         |          |

|                                      |          |                                      |     |                                      |     |
|--------------------------------------|----------|--------------------------------------|-----|--------------------------------------|-----|
| TRESIBA FLEXTOUCH U-200 .....        | 242      | tri-sprintec (28).....               | 315 | TWIIST RFL(INFUS-CSST-NDL-SYR) ..... | 237 |
| TRESIBA U-100 INSULIN .....          | 242      | TRISTART DHA .....                   | 359 | TWIIST STARTER KIT .....             | 237 |
| TRESNI.....                          | 96       | TRIUMEQ.....                         | 11  | TWINRIX (PF).....                    | 284 |
| tretinoin .....                      | 169      | TRIUMEQ PD.....                      | 11  | TWIRLA.....                          | 306 |
| tretinoin (antineoplastic) .....     | 57       | TRIVISC .....                        | 96  | TWYNEO.....                          | 169 |
| tretinoin microspheres .....         | 169      | tri-vitamin with fluoride .....      | 359 | TYBLUME.....                         | 315 |
| TREXALL.....                         | 57       | tri-vylibra.....                     | 315 | tydemy .....                         | 315 |
| TREXIMET.....                        | 74       | tri-vylibra lo.....                  | 315 | TYENNE .....                         | 298 |
| TREZIX.....                          | 87       | TRODELVY .....                       | 57  | TYENNE AUTOINJECTOR .....            | 298 |
| triamcinolone acetonide .....        | 185, 196 | TROGARZO .....                       | 11  | TYGACIL.....                         | 22  |
| triamterene.....                     | 129      | TROKENDI XR.....                     | 69  | TYKERB .....                         | 58  |
| triamterene-hydrochlorothiazid ..... | 129, 130 | tropicamide.....                     | 320 | TYMLOS.....                          | 287 |
| TRIASIL.....                         | 185      | tropium.....                         | 348 | TYPHIM VI.....                       | 284 |
| triazolam.....                       | 112      | TRUDHESA.....                        | 75  | TYRUKO .....                         | 78  |
| TRIBENZOR .....                      | 130      | TRUE METRIX AIR GLUCOSE METER.....   | 232 | TYRVAYA.....                         | 323 |
| TRICARE.....                         | 359      | TRUE METRIX GLUCOSE METER .....      | 232 | TYSABRI.....                         | 78  |
| tricon.....                          | 359      | TRUE METRIX GLUCOSE TEST STRIP.....  | 233 | TYVASO.....                          | 346 |
| triderm .....                        | 185      | TRUE METRIX GO GLUCOSE METER.....    | 233 | TYVASO DPI .....                     | 345 |
| trientine.....                       | 192      | TRUE METRIX LEVEL 1... ..            | 233 | TYVASO REFILL KIT.....               | 346 |
| TRIENTINE .....                      | 192      | TRUERESULT BLOOD GLUCOSE SYSTM ..... | 233 | TYVASO STARTER KIT .....             | 346 |
| TRIESENCE (PF) .....                 | 199      | TRUE TRACK BLOOD GLUCOSE SYSTEM..... | 233 | TYZAVAN.....                         | 30  |
| tri-estarylla .....                  | 314      | TRUE TRACK SMART SYSTEM .....        | 233 | <b>U</b>                             |     |
| trifluoperazine .....                | 112      | TRUE TRACK TEST .....                | 233 | UBRELVY .....                        | 75  |
| trifluridine.....                    | 318      | TRULANCE.....                        | 267 | UCERIS.....                          | 267 |
| trihexyphenidyl.....                 | 72       | TRULICITY .....                      | 252 | UDENYCA.....                         | 273 |
| TRIJARDY XR.....                     | 252      | TRUMENBA.....                        | 284 | UDENYCA AUTOINJECTOR .....           | 273 |
| TRIKAFTA .....                       | 345      | TRUQAP .....                         | 57  | UDENYCA ONBODY .....                 | 273 |
| tri-legest fe.....                   | 314      | TRUSTEX-RIA NON-LUB CONDOMS.....     | 300 | ULESFIA.....                         | 186 |
| TRILEPTAL.....                       | 69       | TRUVADA .....                        | 11  | ULORIC .....                         | 286 |
| tri-lynyah .....                     | 314      | TRUXIMA .....                        | 57  | ULTIMA MONITOR.....                  | 233 |
| tri-lo-estarylla .....               | 314      | TRYNGOLZA.....                       | 143 | ULTOMIRIS .....                      | 192 |
| tri-lo-marzia.....                   | 314      | TRYPTYR.....                         | 323 | ULTRASAL-ER.....                     | 153 |
| tri-lo-mili .....                    | 314      | TRYVIO.....                          | 144 | ULTRATRAK.....                       | 234 |
| trilona .....                        | 185      | TUDORZA PRESSAIR .....               | 345 | ULTRATRAK GLUCOSE METER.....         | 233 |
| tri-lo-sprintec.....                 | 315      | TUKYSA.....                          | 57  | ULTRATRAK ULTIMATE .....             | 234 |
| TRILURON.....                        | 96       | tulana .....                         | 304 | ULTRAVATE .....                      | 186 |
| trimethobenzamide .....              | 267      | TURALIO .....                        | 58  | UMECLIDINIUM.....                    | 346 |
| trimethoprim.....                    | 29       | turqoz (28).....                     | 315 | UMECLIDINIUM-VILANTEROL.....         | 346 |
| tri-mili.....                        | 315      | TUXARIN ER.....                      | 335 | UNASYN .....                         | 25  |
| trimipramine .....                   | 112      | TWIIST REFILL KT(CSST-NDL-SYR) ..... | 236 | UNISTRIPO LOW CONTROL .....          | 234 |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) ..... | 350      |                                      |     | UNISTRIPO1 TEST STRIP....            | 234 |
| trinatal rx 1 .....                  | 359      |                                      |     | unithroid .....                      | 255 |
| trinate.....                         | 359      |                                      |     | UNITUXIN.....                        | 58  |
| TRINAZ .....                         | 359      |                                      |     | UNLOXCYT .....                       | 58  |
| TRINTELLIX.....                      | 112      |                                      |     | UNZDOMDIOXIAZAR .....                | 169 |
| TRIONEX .....                        | 151      |                                      |     |                                      |     |
| TRIPTODUR .....                      | 57       |                                      |     |                                      |     |
| TRISENOX .....                       | 57       |                                      |     |                                      |     |

|                                   |     |                                |        |                      |     |
|-----------------------------------|-----|--------------------------------|--------|----------------------|-----|
| UPLIZNA.....                      | 58  | VALTREX .....                  | 11     | VELSIPITY .....      | 267 |
| UPNEEQ (PF).....                  | 331 | valtya .....                   | 315    | VELTASSA.....        | 353 |
| UPTRAVI.....                      | 130 | vanadom .....                  | 82     | VEMLIDY.....         | 11  |
| URAMAXIN.....                     | 158 | VANCOCCIN.....                 | 30     | VENCLEXTA .....      | 58  |
| urea .....                        | 158 | vancomycin .....               | 30, 31 | VENCLEXTA STARTING   |     |
| UREA.....                         | 158 | VANCOMYCIN .....               | 30     | PACK .....           | 58  |
| urea nail stick .....             | 158 | vancomycin in 0.9 % sodium chl |        | venlafaxine .....    | 113 |
| ure-k .....                       | 158 | .....                          | 30     | VENLAFAXINE BESYLATE |     |
| URELLE.....                       | 350 | VANCOMYCIN IN 0.9 %            |        | .....                | 113 |
| uretron d-s .....                 | 350 | SODIUM CHL .....               | 30     | VENNGEL II.....      | 96  |
| URIBEL TABS .....                 | 350 | VANCOMYCIN IN                  |        | VENNGEL ONE.....     | 96  |
| urimar-t.....                     | 350 | DEXTROSE 5 %.....              | 30     | VENTOLIN HFA.....    | 346 |
| URIMAR-T .....                    | 350 | VANCOMYCIN IN WATER            |        | venxxiva .....       | 192 |
| URNEVA .....                      | 350 | .....                          | 318    | VEOPOZ .....         | 192 |
| UROCIT-K 10.....                  | 350 | VANCOMYCIN-DILUENT             |        | VEOZAH.....          | 307 |
| UROCIT-K 15.....                  | 350 | COMBO NO.1.....                | 31     | verapamil .....      | 130 |
| urogesic-blue .....               | 350 | vandazole.....                 | 306    | VEREGEN .....        | 158 |
| uro-mp .....                      | 350 | VANFLYTA .....                 | 58     | VERKAZIA.....        | 323 |
| UROQID-ACID NO.2 .....            | 350 | VANOS .....                    | 186    | VERQUVO.....         | 144 |
| uro-sp.....                       | 350 | VANOXIDE-HC .....              | 169    | VERSACLOZ.....       | 113 |
| UROXATRAL .....                   | 348 | VANRAFIA .....                 | 144    | VERZENIO .....       | 58  |
| URSO FORTE.....                   | 267 | VAQTA (PF).....                | 284    | VESICARE.....        | 348 |
| ursodiol.....                     | 267 | vardenafil.....                | 351    | vestura (28).....    | 315 |
| uryl .....                        | 350 | VARDIMAXIA.....                | 169    | VEVEN.....           | 158 |
| USTEKINUMAB.....                  | 151 | varenicline tartrate .....     | 194    | VEVYE.....           | 323 |
| USTEKINUMAB-AAUZ ....             | 151 | VARIVAX (PF) .....             | 284    | VFEND.....           | 4   |
| USTEKINUMAB-AEKN ....             | 151 | VAROPHEN (DICLOFENAC)          |        | VFEND IV.....        | 4   |
| USTEKINUMAB-TTWE ....             | 151 | .....                          | 96     | V-GO 20 .....        | 237 |
| UVADEX.....                       | 158 | VAROXIA.....                   | 170    | V-GO 30 .....        | 237 |
| <b>V</b>                          |     | VARUBI.....                    | 267    | V-GO 40 .....        | 237 |
| VABOMERE .....                    | 22  | VASCEPA.....                   | 143    | VIAGRA.....          | 351 |
| VABRINTY (1 MONTH).....           | 58  | VASERETIC .....                | 130    | VIBATIV.....         | 31  |
| VABRINTY (3 MONTH).....           | 58  | VASHE.....                     | 187    | VIBERZI .....        | 267 |
| VABRINTY (4 MONTH).....           | 58  | VASOTEC.....                   | 130    | VICTOZA 2-PAK .....  | 253 |
| VABRINTY (6 MONTH).....           | 58  | VAXCHORA VACCINE.....          | 284    | VICTOZA 3-PAK .....  | 253 |
| VABYSMO.....                      | 323 | VAXELIS (PF).....              | 284    | VIDAZA.....          | 59  |
| VAFSEO .....                      | 192 | VAXNEUVANCE (PF) .....         | 285    | vienva .....         | 315 |
| VAGIFEM.....                      | 304 | VCF CONTRACEPTIVE FILM         |        | vigabatrin.....      | 69  |
| valacyclovir .....                | 11  | .....                          | 306    | vigadrone .....      | 69  |
| VALCHLOR .....                    | 158 | VCF CONTRACEPTIVE GEL          |        | VIGAFYDE.....        | 69  |
| VALCYTE .....                     | 11  | .....                          | 307    | VIGAMOX.....         | 318 |
| valganciclovir .....              | 11  | VECAMYL .....                  | 144    | VIIBRYD .....        | 113 |
| VALIUM.....                       | 112 | VECTIBIX .....                 | 58     | VIJOICE .....        | 59  |
| valladerm-90.....                 | 172 | VECTICAL .....                 | 151    | vilazodone.....      | 113 |
| valproic acid .....               | 69  | VEGZELMA .....                 | 58     | VILTEPSO .....       | 79  |
| valproic acid (as sodium salt).69 |     | VEKLURY .....                  | 11     | VIMIZIM.....         | 248 |
| valrubicin.....                   | 58  | VELCADE .....                  | 58     | VIMKUNYA .....       | 285 |
| valsartan .....                   | 130 | veletri.....                   | 130    | VIMPAT.....          | 69  |
| valsartan-hydrochlorothiazide     |     | velivet triphasic regimen (28) |        | vinblastine.....     | 59  |
| .....                             | 130 | .....                          | 315    | vincasar pfs.....    | 59  |
| VALTOCO.....                      | 69  | VELPHORO.....                  | 353    | vincristine .....    | 59  |

|                         |        |                                   |          |                                |        |
|-------------------------|--------|-----------------------------------|----------|--------------------------------|--------|
| vinorelbine.....        | 59     | VRAYLAR.....                      | 113      | wintergreen oil.....           | 158    |
| VIOKACE.....            | 267    | VTAMA.....                        | 151      | wixela inhub.....              | 346    |
| viorele (28).....       | 315    | VUITY.....                        | 320      | women's gentle laxative(bisac) |        |
| VIRACEPT.....           | 11     | VUMERITY.....                     | 117      | .....                          | 267    |
| VIRASAL.....            | 153    | VUSION.....                       | 177      | wymzya fe.....                 | 315    |
| VIREAD.....             | 11, 12 | VYALEV.....                       | 72       | WYNZORA.....                   | 152    |
| VISCO-3.....            | 96     | VYBRIQUE.....                     | 351      | WYOST.....                     | 32     |
| VISTOGARD.....          | 31     | VYEPTI.....                       | 75       | <b>X</b>                       |        |
| VITAFOL FE PLUS.....    | 359    | vyfemla (28).....                 | 315      | XACDURO.....                   | 22     |
| VITAFOL GUMMIES.....    | 359    | VYJUVEK.....                      | 158      | XACIATO.....                   | 307    |
| VITAFOL ULTRA.....      | 359    | VYKAT XR.....                     | 192      | XADAGO.....                    | 72     |
| VITAFOL-OB.....         | 359    | VYLEESI.....                      | 113      | XALATAN.....                   | 327    |
| VITAFOL-OB+DHA.....     | 359    | vylibra.....                      | 315      | XALIX.....                     | 153    |
| VITAFOL-ONE.....        | 360    | VYLOY.....                        | 59       | XALKORI.....                   | 59, 60 |
| VITALARA.....           | 360    | VYNDAMAX.....                     | 144      | XANAX.....                     | 114    |
| VITAMEDMD ONE RX.....   | 360    | VYNDAQEL.....                     | 144      | xarah fe.....                  | 315    |
| vitamin d3.....         | 360    | VYONDYS-53.....                   | 79       | XARELTO.....                   | 139    |
| VITRAKVI.....           | 59     | VYSCOX.....                       | 96       | XARELTO DVT-PE TREAT           |        |
| VIVAGUARD INO CTRL      |        | VYTONE.....                       | 173      | 30D START.....                 | 139    |
| SOLN-L1,2,3.....        | 234    | VYTORIN 10-10.....                | 143      | XATMEP.....                    | 60     |
| VIVAGUARD INO GLUCOSE   |        | VYTORIN 10-20.....                | 143      | XCLAIR.....                    | 158    |
| METER.....              | 234    | VYTORIN 10-40.....                | 143      | XCOPRI.....                    | 70     |
| VIVAGUARD INO SMART     |        | VYTORIN 10-80.....                | 143      | XCOPRI MAINTENANCE             |        |
| GLUC METER.....         | 234    | VYVANSE.....                      | 113      | PACK.....                      | 69     |
| VIVAGUARD INO TEST      |        | VYVGART.....                      | 82       | XCOPRI TITRATION PACK          | 70     |
| STRIP.....              | 234    | VYVGART HYTRULO.....              | 82       | XDEMVY.....                    | 323    |
| VIVELLE-DOT.....        | 305    | VYXEOS.....                       | 59       | XELJANZ.....                   | 298    |
| VIVIMUSTA.....          | 59     | VYZULTA.....                      | 327      | XELJANZ XR.....                | 299    |
| VIVITROL.....           | 96     | <b>W</b>                          |          | xelria fe.....                 | 315    |
| VIVJOA.....             | 5      | WAINUA.....                       | 79       | XELSTRYM.....                  | 114    |
| VIVLODEX.....           | 96     | WAKIX.....                        | 113      | XEMBIFY.....                   | 285    |
| VIVOTIF.....            | 285    | warfarin.....                     | 138      | XENAZINE.....                  | 79     |
| VIZIMPRO.....           | 59     | water for irrigation, sterile.... | 192      | XENLETA.....                   | 22, 23 |
| VIZZ.....               | 320    | WAYRILZ.....                      | 59       | XENPOZYME.....                 | 192    |
| VOGELXO.....            | 248    | WAYZEN.....                       | 153      | XEOMIN.....                    | 285    |
| volnea (28).....        | 315    | WELCHOL.....                      | 143      | XERAVA.....                    | 29     |
| VONJO.....              | 59     | WELERIS.....                      | 158      | XERESE.....                    | 177    |
| VOQUEZNA.....           | 271    | WELIREG.....                      | 59       | XERMELO.....                   | 60     |
| VOQUEZNA DUAL PAK...270 |        | WELLBUTRIN SR.....                | 113      | XGEVA.....                     | 32     |
| VOQUEZNA TRIPLE PAK 271 |        | WELLBUTRIN XL.....                | 114      | XHANCE.....                    | 346    |
| VORANIGO.....           | 59     | wera (28).....                    | 315      | XIFAXAN.....                   | 23     |
| voriconazole.....       | 5      | wesnate dha.....                  | 360      | XIGDUO XR.....                 | 253    |
| VORICONAZOLE.....       | 5      | westab plus.....                  | 360      | XIIDRA.....                    | 324    |
| voriconazole-hpbcd..... | 5      | westgel dha.....                  | 360      | XILAPAK.....                   | 186    |
| VOSEVI.....             | 12     | WEZLANA.....                      | 151, 152 | XIMINO.....                    | 29     |
| VOTRIENT.....           | 59     | WHYTEDERM TDPAK.....              | 186      | XIPERE (PF).....               | 199    |
| VOWST.....              | 267    | WHYTEDERM TRILASIL                |          | XIRUN.....                     | 158    |
| VOXZOGO.....            | 248    | PAK.....                          | 186      | XOFLUZA.....                   | 12     |
| VOYDEYA.....            | 192    | WILATE.....                       | 138      | XOLAIR.....                    | 346    |
| VOYXACT.....            | 59     | WINLEVI.....                      | 170      | XOLREMDI.....                  | 273    |
| VPRIV.....              | 248    | WINREVAIR.....                    | 346      | XOPENEX HFA.....               | 346    |

|                                         |     |                                       |     |                                           |          |
|-----------------------------------------|-----|---------------------------------------|-----|-------------------------------------------|----------|
| XOSPATA .....                           | 60  | ZANAFLEX.....                         | 82  | ZIRABEV.....                              | 61       |
| XPHOZAH.....                            | 353 | zarah .....                           | 316 | ZIRGAN .....                              | 318      |
| XPOVIO.....                             | 60  | ZARONTIN.....                         | 70  | ZITHRANOL .....                           | 152      |
| XROMI.....                              | 60  | ZARXIO.....                           | 273 | ZITHROMAX.....                            | 16       |
| XRYLIX (DICLOFENAC-<br>KINES TAPE)..... | 96  | ZAVZPRET.....                         | 75  | ZITHROMAX TRI-PAK .....                   | 16       |
| XTAMPZA ER .....                        | 87  | ZCORT .....                           | 199 | ZITHROMAX Z-PAK .....                     | 16       |
| XTANDI.....                             | 60  | ZEJULA .....                          | 60  | ZITUVIMET .....                           | 253      |
| XTRENBO .....                           | 32  | ZELAPAR .....                         | 72  | ZITUVIMET XR.....                         | 253      |
| xulane .....                            | 307 | ZELBORAF .....                        | 60  | ZITUVIO.....                              | 253      |
| XUREA .....                             | 158 | ZELSUVMI.....                         | 158 | ZMA CLEAR .....                           | 170      |
| XURIDEN.....                            | 192 | zelvysia.....                         | 248 | ZOCOR.....                                | 143      |
| XYNTHA.....                             | 139 | ZEMAIRA.....                          | 193 | ZOKINVY .....                             | 193      |
| XYNTHA SOLOFUSE.....                    | 139 | ZEMBRACE SYMTOUCH... 75               |     | ZOLADEX .....                             | 61       |
| XYOSTED .....                           | 248 | ZEMDRI.....                           | 23  | zoledronic acid.....                      | 248      |
| XYREM .....                             | 114 | ZEMPLAR .....                         | 248 | zoledronic acid-mannitol-water<br>.....   | 193, 249 |
| XYWAV.....                              | 114 | zenatane .....                        | 170 | ZOLEDRONIC AC-<br>MANNITOL-0.9NACL... 249 |          |
| <b>Y</b>                                |     | ZENPEP .....                          | 268 | ZOLGENSMA .....                           | 79       |
| YARTEMLEA .....                         | 193 | zenzedi.....                          | 114 | ZOLINZA.....                              | 61       |
| YASMIN (28) .....                       | 316 | ZENZEDI .....                         | 114 | zolmitriptan.....                         | 75       |
| YAZ (28).....                           | 316 | ZEPATIER .....                        | 12  | ZOLMITRIPTAN.....                         | 75       |
| YCANTH .....                            | 158 | ZEPOSIA.....                          | 79  | ZOLOFT.....                               | 114      |
| YERVOY .....                            | 60  | ZEPOSIA STARTER KIT (28-<br>DAY)..... | 79  | zolpidem .....                            | 114      |
| YESCARTA.....                           | 60  | ZEPOSIA STARTER PACK (7-<br>DAY)..... | 79  | ZOLPIDEM.....                             | 114      |
| YESINTEK .....                          | 152 | ZEPZELCA.....                         | 60  | ZOLYMBUS .....                            | 327      |
| YEZTUGO .....                           | 12  | ZERBAXA .....                         | 15  | ZOMACTON .....                            | 274      |
| YF-VAX (PF).....                        | 285 | ZERViate .....                        | 324 | ZOMIG .....                               | 75       |
| YIMMUGO .....                           | 285 | ZESTORETIC.....                       | 130 | ZONALON.....                              | 159      |
| YONDELIS.....                           | 60  | ZESTRIL.....                          | 130 | ZONEGRAN .....                            | 70       |
| YONSA .....                             | 60  | ZETIA .....                           | 143 | ZONISADE .....                            | 70       |
| YORVIPATH.....                          | 248 | ZEVALIN (Y-90).....                   | 61  | zonisamide.....                           | 70       |
| YOSPRALA.....                           | 139 | ZEVASKYN .....                        | 158 | ZONTIVITY.....                            | 139      |
| YUFLYMA(CF).....                        | 299 | ZEVTERA.....                          | 15  | ZORTRESS .....                            | 61       |
| YUFLYMA(CF) AI CROHN'S-<br>UC-HS.....   | 299 | ZIAGEN .....                          | 12  | ZORVOLEX.....                             | 97       |
| YUFLYMA(CF)<br>AUTOINJECTOR.....        | 299 | ZIANA.....                            | 170 | ZORYVE.....                               | 152      |
| yulithira .....                         | 60  | ZICLOCIN .....                        | 97  | ZOSYN IN DEXTROSE (ISO-<br>OSM).....      | 25       |
| YUPELRI.....                            | 347 | ZICLOPRO .....                        | 97  | zovia 1-35 (28) .....                     | 316      |
| YUSIMRY(CF) PEN .....                   | 299 | zidovudine .....                      | 12  | ZOVIRAX .....                             | 177      |
| YUTIQ .....                             | 330 | ZIEXTENZO.....                        | 273 | ZTALMY .....                              | 70       |
| YUTREPIA .....                          | 347 | ZIIHERA .....                         | 61  | ZTLIDO.....                               | 172      |
| yuvaferm.....                           | 305 | ZILBRYSQ .....                        | 82  | ZUBSOLV .....                             | 97       |
| YUVEZZI.....                            | 327 | zileuton .....                        | 347 | zumandimine (28).....                     | 316      |
| YUVIWEL .....                           | 248 | ZILOVAL.....                          | 172 | ZUNVEYL .....                             | 79       |
| <b>Z</b>                                |     | ZILXI.....                            | 170 | ZURNAI.....                               | 97       |
| zafemy .....                            | 307 | ZIMHI .....                           | 97  | ZURZUVAE.....                             | 114      |
| zafirlukast.....                        | 347 | zionodil.....                         | 172 | ZYBIC .....                               | 97       |
| zaleplon .....                          | 114 | ZIOPTAN (PF).....                     | 327 | ZYCLARA .....                             | 159      |
| ZALTRAP .....                           | 60  | ZIPHEX.....                           | 360 | ZYDELIG.....                              | 61       |
| ZALVIT .....                            | 360 | ziprasidone hcl.....                  | 114 | ZYKADIA.....                              | 61       |
|                                         |     | ZIPSOR .....                          | 97  |                                           |          |

|                 |     |                 |     |                    |     |
|-----------------|-----|-----------------|-----|--------------------|-----|
| ZYLET .....     | 328 | ZYNTEGLO.....   | 273 | ZYPREXA ZYDIS..... | 114 |
| ZYLOPRIM .....  | 286 | ZYNYZ .....     | 61  | ZYTIGA .....       | 61  |
| ZYMFENTRA ..... | 268 | ZYPITAMAG ..... | 143 | ZYVOX .....        | 23  |
| ZYNLONTA .....  | 61  | ZYPREXA.....    | 114 |                    |     |