

VIVA MEDICARE
IMPORTANT 2020 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DEFERASIROX TAB 360MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
DEFERASIROX TAB 90MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
DOCETAXEL INJ 160/8ML	5	Added to 2020 Formulary	B vs. D Prior Authorization Required	2/1/2020		
DRIZALMA CAP 20MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
DRIZALMA CAP 30MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
DRIZALMA CAP 40MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (90 caps every 30 days)	2/1/2020		
DRIZALMA CAP 60MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
EVEROLIMUS TAB 2.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
EVEROLIMUS TAB 5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		

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EVEROLIMUS TAB 7.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
LOKELMA PAK 10GM	3	Added to 2020 Formulary		2/1/2020		
LOKELMA PAK 5GM	3	Added to 2020 Formulary		2/1/2020		
NAYZILAM SPR 5MG	4	Added to 2020 Formulary		2/1/2020		
NITISINONE CAP 10MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
NITISINONE CAP 2MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
NITISINONE CAP 5MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
OSPHENA TAB 60MG	3	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
PENTAMIDINE INH 300MG	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	2/1/2020		
POSACONAZOLE TAB 100MG DR	5	Added to 2020 Formulary	Quantity Limit (93 tabs every 30 days)	2/1/2020		
ROZLYTREK CAP 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	2/1/2020		
ROZLYTREK CAP 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	2/1/2020		
TEMIXYS TAB 300-300	5	Added to 2020 Formulary		2/1/2020		
TIADYLT ER CAP 360MG/24	2	Added to 2020 Formulary		2/1/2020		

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D5W/NACL INJ 0.33%	2	Removed from 2020 Formulary		2/1/2020	D5W/NACL INJ 0.225%	2
DELYLA TAB 0.1-0.02	2	Removed from 2020 Formulary		2/1/2020	AVIANE TAB	2
KCL/D5W/NACL INJ	2	Removed from 2020 Formulary		2/1/2020	KCL/D5W/NACL INJ .15-.45%	2
MORGIDOX CAP 1X50MG	2	Removed from 2020 Formulary		2/1/2020	DOXYCYCLINE HYCLATE CAP 50 MG	2
NORLYROC TAB 0.35MG	2	Removed from 2020 Formulary		2/1/2020	CAMILA TAB 0.35MG	2
REBETOL SOL 40MG/ML	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBASPHERE CAP 200MG	2	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN CAP 200MG	2
RIBASPHERE TAB 200MG	2	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBASPHERE TAB 600MG	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN CAP 200MG	2
ZYKADIA CAP 150MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required	2/1/2020	ZYKADIA TAB 150MG	5
PRALUENT INJ 150MG/ML	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
PRALUENT INJ 75MG/ML	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
RESTASIS EMU 0.05%	3	Tier Change Tier 4 to Tier 3	Quantity Limit (60 vials every 30 days)	2/1/2020		
TRINTELLIX TAB 10MG	4	Prior Authorization Removed	Quantity Limit (60 tabs every 30 days)	2/1/2020		

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TRINTELLIX TAB 20MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
TRINTELLIX TAB 5MG	4	Prior Authorization Removed	Quantity Limit (120 tabs every 30 days)	2/1/2020		
VIIBRYD KIT STARTER	4	Prior Authorization Removed		2/1/2020		
VIIBRYD TAB 10MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
VIIBRYD TAB 20MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
VIIBRYD TAB 40MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
BRUKINSA CAP 80MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
CLINISOL SF INJ 15%	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	3/1/2020		
DOXEPIN TAB 3MG	2	Added to 2020 Formulary	Quantity Limit (30 tabs every 30 days)	3/1/2020		
DOXEPIN TAB 6MG	2	Added to 2020 Formulary	Quantity Limit (30 tabs every 30 days)	3/1/2020		
ELURYNG MIS	2	Added to 2020 Formulary		3/1/2020		
ETONOGESTERE MIS ETHY EST	2	Added to 2020 Formulary		3/1/2020		

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FIASP PENFIL INJ U-100	3	Added to 2020 Formulary		3/1/2020		
HARVONI TAB 45-200MG	5	Added to 2020 Formulary	Prior Authorization Required	3/1/2020		
KANJINTI INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
KANJINTI SOL 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
MVASI INJ 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
MVASI INJ 400MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
NOVOLIN N INJ 100 UNIT	3	Added to 2020 Formulary		3/1/2020		
NOVOLIN R INJ 100 UNIT	3	Added to 2020 Formulary		3/1/2020		
OGIVRI INJ 150MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
OGIVRI INJ 420MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	3/1/2020		
PENICILLAMIN TAB 250MG	5	Added to 2020 Formulary		3/1/2020		
PLENAMINE INJ 15%	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	3/1/2020		
TRAVOPROST DRO 0.004%	2	Added to 2020 Formulary		3/1/2020		
TRIKAFTA TAB	5	Added to 2020 Formulary	Prior Authorization Required	3/1/2020		

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ZOLEDRONIC INJ 4MG/100	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	3/1/2020		
CIPROFLOXACN SUS 500MG/5	2	Removed from 2020 Formulary		3/1/2020	CIPROFLOXACIN TAB 500MG	1
ISOSORB DIN TAB 40MG ER	2	Removed from 2020 Formulary		3/1/2020	ISOSORBIDE DINITRATE TAB	2
AYVAKIT TAB 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
AYVAKIT TAB 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
AYVAKIT TAB 300MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
CAPLYTA CAP 42MG	4	Added to 2020 Formulary	Quantity Limit (30 caps per 30 days)	4/1/2020		
EUTHYROX TAB 100MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 112MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 125MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 137MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 150MCG	2	Added to 2020 Formulary		4/1/2020		

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EUTHYROX TAB 175MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 200MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 25MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 50MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 75MCG	2	Added to 2020 Formulary		4/1/2020		
EUTHYROX TAB 88MCG	2	Added to 2020 Formulary		4/1/2020		
RUXIENCE INJ 100/10ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
RUXIENCE INJ 500/50ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
SECUADO DIS 3.8MG	4	Added to 2020 Formulary	Quantity Limit (30 patches per 30 days)	4/1/2020		
SECUADO DIS 5.7MG	4	Added to 2020 Formulary	Quantity Limit (30 patches per 30 days)	4/1/2020		
SECUADO DIS 7.6MG	4	Added to 2020 Formulary	Quantity Limit (30 patches per 30 days)	4/1/2020		
VALTOCO LIQ 15MG	4	Added to 2020 Formulary		4/1/2020		
VALTOCO LIQ 20MG	4	Added to 2020 Formulary		4/1/2020		
VALTOCO SPR 10MG	4	Added to 2020 Formulary		4/1/2020		

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VALTOCO SPR 5MG	4	Added to 2020 Formulary		4/1/2020		
XELJANZ XR TAB 22MG	5	Added to 2020 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	4/1/2020		
ZIRABEV INJ 100/4ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
ZIRABEV INJ 400/16ML	5	Added to 2020 Formulary	New Start Prior Authorization Required	4/1/2020		
HUMIRA PEDIA INJ CROHNS	5	Removed from 2020 Formulary	Prior Authorization Required	4/1/2020	HUMIRA KIT 40MG/0.8 ML	5
SYLATRON KIT 600MCG	5	Removed from 2020 Formulary	New Start Prior Authorization Required	4/1/2020	SYLATRON KIT 300MCG	5