

VIVA Medicare

IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|---------------------------|------|-------------------------|---|----------------|------------------|-----------------------|
| AMP-SULBACTA INJ 1.5GM | 2 | Added to 2021 Formulary | | 2/1/2021 | | |
| AMP-SULBACTA INJ 3GM | 2 | Added to 2021 Formulary | | 2/1/2021 | | |
| BREZTRI AERO AER SPHERE | 3 | Added to 2021 Formulary | Quantity Limit (1 inhaler every 30 days) | 2/1/2021 | | |
| BREZTRI AERO AER SPHERE | 3 | Added to 2021 Formulary | Quantity Limit (4 inhalers every 28 days) | 2/1/2021 | | |
| DIACOMIT CAP 250MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| DIACOMIT CAP 500MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| DIACOMIT PAK 250MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| DIACOMIT PAK 500MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| EFAVIR/EMTRI TAB TENOFOVI | 5 | Added to 2021 Formulary | | 2/1/2021 | | |
| EMTR/TENOFOV TAB 200-300 | 5 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 2/1/2021 | | |
| EPCLUSA TAB 200-50MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 2/1/2021 | | |
| FARYDAK CAP 15MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| GAVRETO CAP 100MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| LAPATINIB TAB 250MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| LOESTRIN 21 TAB 1.5/30 | 2 | Added to 2021 Formulary | | 2/1/2021 | | |

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| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|---------------------------|------|-------------------------|---|----------------|------------------|-----------------------|
| LOESTRIN FE TAB 1.5/30 | 2 | Added to 2021 Formulary | | 2/1/2021 | | |
| LOESTRIN FE TAB 1/20 | 2 | Added to 2021 Formulary | | 2/1/2021 | | |
| LOESTRIN TAB 1/20-21 | 2 | Added to 2021 Formulary | | 2/1/2021 | | |
| LORAZEPAM CON 2MG/ML | 2 | Added to 2021 Formulary | Quantity Limit (150mL every 30 days) | 2/1/2021 | | |
| MENQUADFI INJ | 3 | Added to 2021 Formulary | | 2/1/2021 | | |
| MONJUVI INJ 200MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| NITAZOXANIDE TAB 500MG | 5 | Added to 2021 Formulary | Quantity Limit (6 tabs every 30 days) | 2/1/2021 | | |
| ONUREG TAB 200MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| ONUREG TAB 300MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| RUFINAMIDE SUS 40MG/ML | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 2/1/2021 | | |
| SAPROPTERIN POW 100MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 2/1/2021 | | |
| SAPROPTERIN POW 500MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 2/1/2021 | | |
| SAPROPTERIN TAB 100MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 2/1/2021 | | |
| TRELEGY AER ELLIPTA | 3 | Added to 2021 Formulary | Quantity Limit (1 inhaler every 30 days) | 2/1/2021 | | |
| TRIDERM CRE 0.5% | 1 | Added to 2021 Formulary | | 2/1/2021 | | |

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| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|--------------------------|------|-----------------------------|--|----------------|--|-----------------------|
| TRULICITY INJ 3/0.5 | 3 | Added to 2021 Formulary | Quantity Limit (4 pens every 28 days) | 2/1/2021 | | |
| TRULICITY INJ 4.5/0.5 | 3 | Added to 2021 Formulary | Quantity Limit (4 pens every 28 days) | 2/1/2021 | | |
| ATRIPLA TAB | 5 | Removed from 2021 Formulary | | 2/1/2021 | EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300MG | 5 |
| DEPO-PROVERA INJ 400/ML | 4 | Removed from 2021 Formulary | B vs D Prior Authorization | 2/1/2021 | Consult Your Health Care Provider | |
| DOCETAXEL INJ 200/10 | 5 | Removed from 2021 Formulary | B vs D Prior Authorization | 2/1/2021 | DOCETAXEL INJ 160MG/8ML | 5 |
| EMTRIVA CAP 200MG | 3 | Removed from 2021 Formulary | | 2/1/2021 | EMTRICITABINE CAP 200 MG | 2 |
| GRALISE STAR MIS 300/600 | 4 | Removed from 2021 Formulary | Prior Authorization Required | 2/1/2021 | GRALISE TAB | 4 |
| JUXTAPID CAP 40MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 2/1/2021 | JUXTAPID CAP 20MG | 5 |
| JUXTAPID CAP 60MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 2/1/2021 | JUXTAPID CAP 20MG | 5 |
| KIONEX SUS 15GM/60 | 2 | Removed from 2021 Formulary | | 2/1/2021 | SPS SUS 15GM/60 | 2 |

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| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|--------------------------|------|-----------------------------|---|----------------|---|-----------------------|
| KLOR-CON SPR CAP 10MEQ | 2 | Removed from 2021 Formulary | | 2/1/2021 | POTASSIUM CHLORIDE CAP ER | 2 |
| KLOR-CON SPR CAP 8MEQ | 2 | Removed from 2021 Formulary | | 2/1/2021 | POTASSIUM CHLORIDE CAP ER | 2 |
| LORCET HD TAB 10-325MG | 2 | Removed from 2021 Formulary | Quantity Limit (180 tabs every 30 days) | 2/1/2021 | HYDROCODONE-ACETAMINOPHEN TAB 10-325MG | 2 |
| LORCET PLUS TAB 7.5-325 | 2 | Removed from 2021 Formulary | Quantity Limit (180 tabs every 30 days) | 2/1/2021 | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325MG | 2 |
| LORCET TAB 5-325MG | 2 | Removed from 2021 Formulary | Quantity Limit (240 tabs every 30 days) | 2/1/2021 | HYDROCODONE-ACETAMINOPHEN TAB 5-325MG | 2 |
| METOPROLOL INJ 1MG/ML | 2 | Removed from 2021 Formulary | | 2/1/2021 | METOPROLOL INJ 5MG/5ML | 2 |
| ONE VITE TAB 1MG PLUS | 3 | Removed from 2021 Formulary | | 2/1/2021 | PRENATAL TAB 27-1MG | 3 |
| PEGASYS INJ PROCLICK | 5 | Removed from 2021 Formulary | Prior Authorization Required | 2/1/2021 | PEGASYS INJ | 5 |
| ROWEEPRA XR TAB 500MG XR | 2 | Removed from 2021 Formulary | | 2/1/2021 | LEVETIRACETAM TAB ER 24HR | 2 |
| ROWEEPRA XR TAB 750MG XR | 2 | Removed from 2021 Formulary | | 2/1/2021 | LEVETIRACETAM TAB ER 24HR | 2 |

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| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|-----------------------------|------|-----------------------------------|--|----------------|---|-----------------------|
| SOD POLY SUL SUS 15GM/60 | 2 | Removed from 2021 Formulary | | 2/1/2021 | SPS SUS 15GM/60 | 2 |
| TRUVADA TAB 200-300 | 5 | Removed from 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 2/1/2021 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300MG | 5 |
| BUDESONIDE SUS 0.25MG/2 | 2 | Removed Quantity Limit | B vs D Prior Authorization | 2/1/2021 | | |
| BUDESONIDE SUS 0.5MG/2 | 2 | Removed Quantity Limit | B vs D Prior Authorization | 2/1/2021 | | |
| GLYDO GEL 2% | 2 | Quantity Limit Change | Prior Authorization Required; Quantity Limit (60mL every 30 days) | 2/1/2021 | | |
| ABIRATERONE TAB 500MG | 5 | Added to 2021 Formulary | New Start Prior Authorization Required | 3/1/2021 | | |
| ASENAPINE SUB 10MG | 2 | Added to 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 3/1/2021 | | |
| ASENAPINE SUB 2.5MG | 2 | Added to 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 3/1/2021 | | |
| ASENAPINE SUB 5MG | 2 | Added to 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 3/1/2021 | | |
| CLINIMIX INJ 6/5 | 4 | Added to 2021 Formulary | B vs D Prior Authorization | 3/1/2021 | | |
| CLINIMIX INJ 8/10 | 4 | Added to 2021 Formulary | B vs D Prior Authorization | 3/1/2021 | | |
| CLINIMIX INJ 8/14 | 4 | Added to 2021 Formulary | B vs D Prior Authorization | 3/1/2021 | | |
| CYSTADROPS SOL 0.37% | 5 | Added to 2021 Formulary | Prior Authorization Required | 3/1/2021 | | |

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|-------------------------|---|-------------------------|---|----------|---------------------|---|
| DIFICID SUS | 5 | Added to 2021 Formulary | | 3/1/2021 | | |
| HUMIRA PEN INJ 80/0.8ML | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (4 pens every 30 days) | 3/1/2021 | | |
| ICLEVIA TAB | 2 | Added to 2021 Formulary | | 3/1/2021 | | |
| OXALIPLATIN INJ 200MG | 2 | Added to 2021 Formulary | B vs D Prior Authorization | 3/1/2021 | | |
| PARAPLATIN INJ 1000MG | 2 | Added to 2021 Formulary | B vs D Prior Authorization | 3/1/2021 | | |
| HUMIRA INJ 10MG/0.2 | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (2 syringes every 28 days) | 3/1/2021 | HUMIRA INJ 10/0.1ML | 5 |
| HUMIRA KIT 20MG/0.4 | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (2 syringes every 28 days) | 3/1/2021 | HUMIRA INJ 20/0.2ML | 5 |
| ADRENALIN INJ 1MG/ML | 4 | Added to 2021 Formulary | | 4/1/2021 | | |
| EMTR/TEN DF TAB 100-150 | 5 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 4/1/2021 | | |
| EMTR/TEN DF TAB 133-200 | 5 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 4/1/2021 | | |
| EMTR/TEN DF TAB 167-250 | 5 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 4/1/2021 | | |
| GRALISE TAB 300MG | 4 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (180 tabs every 30 days) | 4/1/2021 | | |

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|--------------------------|---|-----------------------------|--|----------|--------------------|--------|
| GRALISE TAB 600MG | 4 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (90 tabs every 30 days) | 4/1/2021 | | |
| HYDROCORTISO CRE 2.5% | 2 | Added to 2021 Formulary | | 4/1/2021 | | |
| ICLUSIG TAB 10MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (60 tabs every 30 days) | 4/1/2021 | | |
| ICLUSIG TAB 30MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 4/1/2021 | | |
| LYLEQ TAB 0.35MG | 2 | Added to 2021 Formulary | | 4/1/2021 | | |
| NYLIA TAB 7/7/7 | 2 | Added to 2021 Formulary | | 4/1/2021 | | |
| ORGOVYX TAB 120MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 4/1/2021 | | |
| DIDANOSINE CAP 200MG | 2 | Removed from 2021 Formulary | | 4/1/2021 | ABACAVIR TAB 300MG | Tier 2 |
| DIDANOSINE CAP 250MG | 2 | Removed from 2021 Formulary | | 4/1/2021 | ABACAVIR TAB 300MG | Tier 2 |
| DIDANOSINE CAP 400MG | 2 | Removed from 2021 Formulary | | 4/1/2021 | ABACAVIR TAB 300MG | Tier 2 |
| BRINZOLAMIDE SUS 1% | 2 | Added to 2021 Formulary | | 5/1/2021 | | |

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| | | | | | | |
|-----------------------------|---|----------------------------|--|----------|--|--|
| DESMOPRESSIN INJ 4MCG/ML | 5 | Added to 2021 Formulary | | 5/1/2021 | | |
| DOPTELET TAB 20MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| DROXIDOPA CAP 100MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (90 caps every 30 days) | 5/1/2021 | | |
| DROXIDOPA CAP 200MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (180 caps every 30 days) | 5/1/2021 | | |
| DROXIDOPA CAP 300MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (180 caps every 30 days) | 5/1/2021 | | |
| HYDROCODONE TAB 100MG ER | 3 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |
| HYDROCODONE TAB 120MG ER | 3 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |
| HYDROCODONE TAB 20MG ER | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |
| HYDROCODONE TAB 30MG ER | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |

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| | | | | | | |
|----------------------------|---|----------------------------|---|----------|--|--|
| HYDROCODONE TAB 40MG ER | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |
| HYDROCODONE TAB 60MG ER | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |
| HYDROCODONE TAB 80MG ER | 3 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 5/1/2021 | | |
| KYNMOBI MIS 10MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (150 films every 30 days) | 5/1/2021 | | |
| KYNMOBI MIS 15MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (150 films every 30 days) | 5/1/2021 | | |
| KYNMOBI MIS 20MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (150 films every 30 days) | 5/1/2021 | | |
| KYNMOBI MIS 25MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (150 films every 30 days) | 5/1/2021 | | |
| KYNMOBI MIS 30MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (150 films every 30 days) | 5/1/2021 | | |

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|-----------------------------|---|-------------------------|--|----------|--|--|
| LYLLANA DIS 0.025MG | 3 | Added to 2021 Formulary | | 5/1/2021 | | |
| LYLLANA DIS 0.0375MG | 3 | Added to 2021 Formulary | | 5/1/2021 | | |
| LYLLANA DIS 0.05MG | 3 | Added to 2021 Formulary | | 5/1/2021 | | |
| LYLLANA DIS 0.075MG | 3 | Added to 2021 Formulary | | 5/1/2021 | | |
| LYLLANA DIS 0.1MG | 3 | Added to 2021 Formulary | | 5/1/2021 | | |
| NYMYO TAB 0.25-35 | 2 | Added to 2021 Formulary | | 5/1/2021 | | |
| OZEMPIC INJ 4MG/3ML | 3 | Added to 2021 Formulary | Quantity Limit (1 pen every 28 days) | 5/1/2021 | | |
| POT CHL/NACL INJ 20MEQ/L | 2 | Added to 2021 Formulary | | 5/1/2021 | | |
| RESTASIS EMU 0.05% | 3 | Added to 2021 Formulary | | 5/1/2021 | | |
| RIABNI SOL 100/10ML | 5 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| RIABNI SOL 500/50ML | 5 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| TEPMETKO TAB 225MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| TRAZIMERA INJ 150MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| TRI-NYMYO TAB | 5 | Added to 2021 Formulary | | 5/1/2021 | | |
| UBRELVY TAB 100MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (16 tabs every 30 days) | 5/1/2021 | | |

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IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

| | | | | | | |
|---------------------|---|-----------------------------|--|----------|------------------------|--------|
| UBRELVIY TAB 50MG | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (16 tabs every 30 days) | 5/1/2021 | | |
| VENTOLIN HFA AER | 5 | Added to 2021 Formulary | Quantity Limit (6 inhalers every 30 days) | 5/1/2021 | | |
| VYZULTA SOL 0.024% | 5 | Added to 2021 Formulary | | 5/1/2021 | | |
| XELJANZ SOL 1MG/ML | 3 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (240mL every 24 days) | 5/1/2021 | | |
| XTANDI TAB 40MG | 4 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| XTANDI TAB 80MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 5/1/2021 | | |
| ALINIA TAB 500MG | 5 | Removed from 2021 Formulary | Quantity Limit (6 tabs every 30 days) | 5/1/2021 | NITAZOXANIDE TAB 500MG | Tier 5 |
| ANADROL-50 TAB 50MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | PROCRIT INJ | Tier 5 |
| BANZEL SUS 40MG/ML | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | RUFINAMIDE SUS 40MG/ML | Tier 5 |
| DEMSEER CAP 250MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | METYROSINE CAP 250MG | Tier 5 |
| KUVAN POW 100MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | SAPROPTERIN POWDER | Tier 5 |

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| | | | | | | |
|----------------------|---|-----------------------------|--|----------|---|--------|
| KUVAN POW 500MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | SAPROPTERIN POWDER | Tier 5 |
| KUVAN TAB 100MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | SAPROPTERIN TAB 100MG | Tier 5 |
| NORMOSOL -M INJ /D5W | 4 | Removed from 2021 Formulary | | 5/1/2021 | ISOLYTE-P INJ /D5W | Tier 4 |
| SAPHRIS SUB 10MG | 4 | Removed from 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 5/1/2021 | ASENAPINE MALEATE SL TAB | Tier 2 |
| SAPHRIS SUB 2.5MG | 4 | Removed from 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 5/1/2021 | ASENAPINE MALEATE SL TAB | Tier 2 |
| SAPHRIS SUB 5MG | 4 | Removed from 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 5/1/2021 | ASENAPINE MALEATE SL TAB | Tier 2 |
| SYMFI LO TAB | 5 | Removed from 2021 Formulary | | 5/1/2021 | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300MG | Tier 5 |
| SYMFI TAB | 5 | Removed from 2021 Formulary | | 5/1/2021 | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300MG | Tier 5 |
| SYMJEPI INJ 0.15MG | 4 | Removed from 2021 Formulary | | 5/1/2021 | EPINEPHRINE INJ 0.15MG | Tier 2 |
| SYMJEPI INJ 0.3MG | 4 | Removed from 2021 Formulary | | 5/1/2021 | EPINEPHRINE INJ 0.3MG | Tier 2 |

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| | | | | | | |
|------------------------------|---|-----------------------------|---|----------|---|--------|
| TRUVADA TAB 100-150 | 5 | Removed from 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 5/1/2021 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 | Tier 5 |
| TRUVADA TAB 133-200 | 5 | Removed from 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 5/1/2021 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 | Tier 5 |
| TRUVADA TAB 167-250 | 5 | Removed from 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 5/1/2021 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 | Tier 5 |
| TYKERB TAB 250MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 5/1/2021 | LAPATINIB TAB 250MG | Tier 5 |
| XIIDRA DRO 5% | 3 | Removed Quantity Limit | | 5/1/2021 | | |
| AC CUTANE CAP 20MG | 2 | Added to 2021 Formulary | Prior Authorization Required | 6/1/2021 | | |
| AC CUTANE CAP 30MG | 2 | Added to 2021 Formulary | Prior Authorization Required | 6/1/2021 | | |
| AC CUTANE CAP 40MG | 2 | Added to 2021 Formulary | Prior Authorization Required | 6/1/2021 | | |
| CYCLOPHOSPH TAB 25MG | 4 | Added to 2021 Formulary | Prior Authorization Required | 6/1/2021 | | |
| CYCLOPHOSPH TAB 50MG | 4 | Added to 2021 Formulary | Prior Authorization Required | 6/1/2021 | | |
| DESO/ETHINYL TAB ESTRADIO | 2 | Added to 2021 Formulary | | 6/1/2021 | | |
| PREGABALN ER TAB 165MG | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (60 tabs every 30 days) | 6/1/2021 | | |
| PREGABALN ER TAB 330MG | 2 | Added to 2021 Formulary | Prior Authorization Required; | 6/1/2021 | | |

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|----------------------------|---|-----------------------------------|---|----------|---|--------|
| | | | Quantity Limit (60 tabs every 30 days) | | | |
| PREGABALN ER TAB 82.5MG | 2 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (60 tabs every 30 days) | 6/1/2021 | | |
| SYMJEPI INJ 0.15MG | 4 | Added to 2021 Formulary | | 6/1/2021 | | |
| SYMJEPI INJ 0.3MG | 4 | Added to 2021 Formulary | | 6/1/2021 | | |
| UKONIQ TAB 200MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 6/1/2021 | | |
| ZAFEMY DIS 150/35 | 2 | Added to 2021 Formulary | | 6/1/2021 | | |
| NEPHRAMINE INJ 5.4% | 4 | Removed from 2021 Formulary | Prior Authorization Required | 6/1/2021 | PROSOL INJ 20% | Tier 4 |
| SUMATRIPTAN INJ 6MG/0.5 | 2 | Removed from 2021 Formulary | Quantity Limit (12 injections every 30 days) | 6/1/2021 | SUMATRIPTAN AUTO-INJECTOR 6 MG/0.5ML | Tier 2 |
| D2.5W/NACL INJ 0.45% | 2 | Added to 2021 Formulary | | 7/1/2021 | | |
| FOTIVDA CAP 0.89MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (21 caps every 28 days) | 7/1/2021 | | |
| FOTIVDA CAP 1.34MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (21 caps every 28 days) | 7/1/2021 | | |
| HUMIRA PEN KIT PED UC | 5 | Added to 2021 Formulary | Prior Authorization Required | 7/1/2021 | | |

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| | | | | | | |
|----------------------------|---|-------------------------|--|----------|--|--|
| INGREZZA CAP 60MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 caps every 30 days) | 7/1/2021 | | |
| SKYRIZI INJ 150MG/ML | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (7 pens every year) | 7/1/2021 | | |
| SKYRIZI INJ 150MG/ML | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (7 pens every year) | 7/1/2021 | | |
| VESTURA TAB 3-0.02MG | 2 | Added to 2021 Formulary | | 7/1/2021 | | |
| XCOPRI PAK 100-150 | 5 | Added to 2021 Formulary | Quantity Limit (56 tabs every 28 days) | 7/1/2021 | | |
| ARFORMOTEROL NEB 15/2ML | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| BEPOTASTINE DRO 1.5% | 2 | Added to 2021 Formulary | | 8/1/2021 | | |
| RUFINAMIDE TAB 200MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| RUFINAMIDE TAB 400MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| XPOVIO PAK 40MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| XPOVIO PAK 40MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| XPOVIO PAK 40MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| XPOVIO PAK 50MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |

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|--------------------------|---|-----------------------------|------------------------------|----------|--------------------------------------|--------|
| XPOVIO PAK 60MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 8/1/2021 | | |
| ALBUTEROL TAB 4MG ER | 2 | Removed from 2021 Formulary | | 8/1/2021 | ALBUTEROL TAB | Tier 2 |
| ALBUTEROL TAB 8MG ER | 2 | Removed from 2021 Formulary | | 8/1/2021 | ALBUTEROL TAB | Tier 2 |
| CAPTOPR/HCTZ TAB 25-15MG | 1 | Removed from 2021 Formulary | | 8/1/2021 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB | Tier 1 |
| CAPTOPR/HCTZ TAB 25-25MG | 1 | Removed from 2021 Formulary | | 8/1/2021 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB | Tier 1 |
| CAPTOPR/HCTZ TAB 50-15MG | 1 | Removed from 2021 Formulary | | 8/1/2021 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB | Tier 1 |
| CAPTOPR/HCTZ TAB 50-25MG | 1 | Removed from 2021 Formulary | | 8/1/2021 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB | Tier 1 |
| PHOSPHOLINE SOL 0.125%OP | 4 | Removed from 2021 Formulary | | 8/1/2021 | PILOCARPINE OPHTH SOLN | Tier 2 |
| ETRAVIRINE TAB 100MG | 5 | Added to 2021 Formulary | | 9/1/2021 | | |
| ETRAVIRINE TAB 200MG | 5 | Added to 2021 Formulary | | 9/1/2021 | | |
| FORMOTEROL NEB 20/2ML | 5 | Added to 2021 Formulary | Prior Authorization Required | 9/1/2021 | | |
| ISOPTO ATROP SOL 1% OP | 3 | Added to 2021 Formulary | | 9/1/2021 | | |

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IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

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|--------------------------|---|-----------------------------|--|----------|---|--------|
| LOPIN/RITON TAB 100-25MG | 2 | Added to 2021 Formulary | | 9/1/2021 | | |
| LOPIN/RITON TAB 200-50MG | 5 | Added to 2021 Formulary | | 9/1/2021 | | |
| LUMAKRAS TAB 120MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 9/1/2021 | | |
| TRIKAFTA TAB | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (84 tabs every 28 days) | 9/1/2021 | | |
| TRUSELTIQ CAP 100MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 9/1/2021 | | |
| TRUSELTIQ CAP 125MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 9/1/2021 | | |
| TRUSELTIQ CAP 50MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 9/1/2021 | | |
| TRUSELTIQ CAP 75MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 9/1/2021 | | |
| MAPROTILINE TAB 25MG | 2 | Removed from 2021 Formulary | | 9/1/2021 | MIRTAZAPINE TAB 15MG | Tier 1 |
| MAPROTILINE TAB 50MG | 2 | Removed from 2021 Formulary | | 9/1/2021 | MIRTAZAPINE TAB 15MG | Tier 1 |
| MAPROTILINE TAB 75MG | 2 | Removed from 2021 Formulary | | 9/1/2021 | MIRTAZAPINE TAB 15MG | Tier 1 |
| PROPRAN/HCTZ TAB 40/25 | 2 | Removed from 2021 Formulary | | 9/1/2021 | METOPROLOL & HYDROCHLOROTHIAZIDE TAB | Tier 2 |

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IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

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|---------------------------|---|-----------------------------------|---|-----------|---|--------|
| PROPRAN/HCTZ TAB 80/25 | 2 | Removed from 2021 Formulary | | 9/1/2021 | METOPROLOL & HYDROCHLOROTHIAZIDE TAB | Tier 2 |
| PRADAXA CAP 110MG | 4 | Quantity Limit Change | Quantity Limit (120 caps every 30 days) | 9/1/2021 | | |
| AYVAKIT TAB 25MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 10/1/2021 | | |
| AYVAKIT TAB 50MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 10/1/2021 | | |
| D5W/NAACL INJ 0.3% | 2 | Added to 2021 Formulary | | 10/1/2021 | | |
| PANRETIN GEL 0.1% | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (60 gm every 30 days) | 10/1/2021 | | |
| SUNITINIB CAP 12.5MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 caps every 30 days) | 10/1/2021 | | |
| SUNITINIB CAP 25MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 caps every 30 days) | 10/1/2021 | | |
| SUNITINIB CAP 37.5MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 caps every 30 days) | 10/1/2021 | | |

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IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

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|---------------------------|---|-----------------------------|--|-----------|----------------------------|--------|
| SUNITINIB CAP 50MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 caps every 30 days) | 10/1/2021 | | |
| ALINIA SUS 100/5ML | 5 | Removed from 2021 Formulary | Quantity Limit (180mL every 30 days) | 10/1/2021 | | |
| CEFUROXIME INJ 7.5GM | 2 | Removed from 2021 Formulary | | 10/1/2021 | | |
| CLOVIQUE CAP 250MG | 5 | Removed from 2021 Formulary | Prior Authorization Required | 10/1/2021 | TRIENTINE CAP 250MG | Tier 5 |
| KINRIX INJ | 3 | Removed from 2021 Formulary | | 10/1/2021 | | |
| TRILYTE SOL | 1 | Removed from 2021 Formulary | | 10/1/2021 | GAVILYTE-N SOL FLAVOR PACK | Tier 1 |
| CHLORPROMAZI CON 100MG/ML | 4 | Added to 2021 Formulary | | 11/1/2021 | | |
| CHLORPROMAZI CON 30MG/ML | 4 | Added to 2021 Formulary | | 11/1/2021 | | |
| DW5-NACL INJ 0.225% | 2 | Added to 2021 Formulary | | 11/1/2021 | | |
| E.E.S. 400 TAB 400MG | 2 | Added to 2021 Formulary | | 11/1/2021 | | |
| MYRBETRIQ SUS 8MG/ML | 4 | Added to 2021 Formulary | Quantity Limit (300mL every 28 days) | 11/1/2021 | | |
| PAROXETINE SUS 10MG/5ML | 2 | Added to 2021 Formulary | Quantity Limit (900mL every 30 days) | 11/1/2021 | | |

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IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

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|------------------------------|---|----------------------------|--|------------|--|--|
| POT CL MICRO TAB 15MEQ ER | 1 | Added to 2021 Formulary | | 11/1/2021 | | |
| REZUROCK TAB 200MG | 5 | Added to 2021 Formulary | | 11/1/2021 | | |
| SAJAZIR INJ 30MG/3ML | 5 | Added to 2021 Formulary | | 11/1/2021 | | |
| IVERMECTIN TAB 3MG | 2 | PA added | Prior Authorization Required | 11/1/2021 | | |
| DIFLUPREDNAT EMU 0.05% | 2 | Added to 2021 Formulary | | 12/01/2021 | | |
| EVEROLIMUS TAB 10MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 12/01/2021 | | |
| EVEROLIMUS TAB 2MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (150 tabs every 30 days) | 12/01/2021 | | |
| EVEROLIMUS TAB 3MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (90 tabs every 30 days) | 12/01/2021 | | |
| EVEROLIMUS TAB 5MG | 5 | Added to 2021 Formulary | Prior Authorization Required; Quantity Limit (60 tabs every 30 days) | 12/01/2021 | | |
| EXKIVITY CAP 40MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 12/01/2021 | | |
| NEBIVOLOL TAB 10MG | 2 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 12/01/2021 | | |
| NEBIVOLOL TAB 2.5MG | 2 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 12/01/2021 | | |

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IMPORTANT 2021 5-TIER CORE FORMULARY UPDATES

| | | | | | | |
|----------------------------|---|-----------------------------------|---|------------|--------------------------------|--------|
| NEBIVOLOL TAB 20MG | 2 | Added to 2021 Formulary | Quantity Limit (60 tabs every 30 days) | 12/01/2021 | | |
| NEBIVOLOL TAB 5MG | 2 | Added to 2021 Formulary | Quantity Limit (30 tabs every 30 days) | 12/01/2021 | | |
| OCTREOTIDE INJ 100MCG | 2 | Added to 2021 Formulary | Prior Authorization Required | 12/01/2021 | | |
| OCTREOTIDE INJ 500MCG | 5 | Added to 2021 Formulary | Prior Authorization Required | 12/01/2021 | | |
| OCTREOTIDE INJ 50MCG/ML | 2 | Added to 2021 Formulary | Prior Authorization Required | 12/01/2021 | | |
| VARENICLINE TAB 0.5MG | 2 | Added to 2021 Formulary | | 12/01/2021 | | |
| VARENICLINE TAB 1MG | 2 | Added to 2021 Formulary | | 12/01/2021 | | |
| WELIREG TAB 40MG | 5 | Added to 2021 Formulary | Prior Authorization Required | 12/01/2021 | | |
| FREAMINE HBC INJ 6.9% | 2 | Removed from 2021 Formulary | Prior Authorization Required | 12/01/2021 | FREAMINE III INJ 10% | Tier 4 |
| MINITRAN DIS 0.1MG/HR | 2 | Removed from 2021 Formulary | | 12/01/2021 | NITROGLYCERIN TD PATCH 24HR | Tier 2 |
| MINITRAN DIS 0.2MG/HR | 2 | Removed from 2021 Formulary | | 12/01/2021 | NITROGLYCERIN TD PATCH 24HR | Tier 2 |
| MINITRAN DIS 0.4MG/HR | 2 | Removed from 2021 Formulary | | 12/01/2021 | NITROGLYCERIN TD PATCH 24HR | Tier 2 |
| MINITRAN DIS 0.6MG/HR | 2 | Removed from 2021 Formulary | | 12/01/2021 | NITROGLYCERIN TD PATCH 24HR | Tier 2 |

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|-----------------|---|-----------------------------------|--|------------|-----------------|--------|
| TAZICEF INJ 2GM | 2 | Removed from 2021 Formulary | | 12/01/2021 | TAZICEF INJ 1GM | Tier 2 |
|-----------------|---|-----------------------------------|--|------------|-----------------|--------|