

# VIVA MEDICARE

## IMPORTANT 2021 5-TIER PERFORMANCE 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		
DEFERIPRONE TAB 500MG	5	Added to 2021 Formulary	Prior Authorization Required	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		
GEMMILY CAP 1/20	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
LAPATINIB TAB 250MG	5	Added to 2021 Formulary	New Start Prior Authorization Required	2/1/2021		
LEVOTHYROXIN CAP 100MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 112MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 125MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 137MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 13MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 150MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 175MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 200MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 25MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 50MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 75MCG	4	Added to 2021 Formulary		2/1/2021		
LEVOTHYROXIN CAP 88MCG	4	Added to 2021 Formulary		2/1/2021		
LOESTRIN 21 TAB 1.5/30	2	Added to 2021 Formulary		2/1/2021		
LOESTRIN FE 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 1/20	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		
NATESTO GEL 5.5MG	4	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (21.96 gm every 30 days)	2/1/2021		
NITAZOXANIDE TAB 500MG	5	Added to 2021 Formulary	Quantity Limit (6 tabs every 30 days)	2/1/2021		
NORE/ETH/FER CAP 1/20	2	Added to 2021 Formulary		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		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
SPINOSAD SUS 0.9%	2	Added to 2021 Formulary		2/1/2021		
TIMOLOL MAL SOL 0.5% OP	2	Added to 2021 Formulary		2/1/2021		
TOBRAMYCIN NEB 300/4ML	5	Added to 2021 Formulary	Prior Authorization Required	2/1/2021		
TOLVAPTAN TAB 15MG	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		
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
BUNAVAIL MIS 2.1-0.3	4	Removed from 2021 Formulary	Quantity Limit (90 films every 30 days)	2/1/2021	BUPRENORPHINE HCL-NALOXONE HCL SL FILM	2
BUNAVAIL MIS 4.2-0.7	4	Removed from 2021 Formulary	Quantity Limit (90 films every 30 days)	2/1/2021	BUPRENORPHINE HCL-NALOXONE HCL SL FILM	2
BUNAVAIL MIS 6.3-1MG	4	Removed from 2021 Formulary	Quantity Limit (60 films every 30 days)	2/1/2021	BUPRENORPHINE HCL-NALOXONE HCL SL FILM	2

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## IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
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
DVORAH TAB	2	Removed from 2021 Formulary	Quantity Limit (300 tabs every 30 days)	2/1/2021	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 325-30-16 MG	2
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
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

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
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
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

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ZELNORM TAB 6MG	4	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2021	LINZESS; TRULANCE; AMITIZA	4
BUDESONIDE SUS 1MG/2ML	2	Removed Quantity Limit	B vs D Prior Authorization	2/1/2021		
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		
RESTASIS EMU 0.05%	3	Tier Change Tier 4 to Tier 3		2/1/2021		
RESTASIS MUL EMU 0.05%	3	Tier Change Tier 4 to Tier 3		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	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 E INJ 8/10	4	Added to 2021 Formulary	B vs D Prior Authorization	3/1/2021		
CLINIMIX E INJ 8/14	4	Added to 2021 Formulary	B vs D Prior Authorization	3/1/2021		

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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		
DIFICID SUS	5	Added to 2021 Formulary		3/1/2021		
GIMOTI SPR 15MG	5	Added to 2021 Formulary	Prior Authorization Required	3/1/2021		
GONITRO POW 400MCG	4	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 28 days)	3/1/2021		
ICLEVIA TAB	2	Added to 2021 Formulary		3/1/2021		
KYNMOBI MIS 10MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (150 films every 30 days)	3/1/2021		
KYNMOBI MIS 15MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (150 films every 30 days)	3/1/2021		
KYNMOBI MIS 20MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (150 films every 30 days)	3/1/2021		
KYNMOBI MIS 25MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (150 films every 30 days)	3/1/2021		



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KYNMOBI MIS 30MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (150 films every 30 days)	3/1/2021		
LUBIPROSTONE CAP 24MCG	2	Added to 2021 Formulary	Quantity Limit (60 caps every 30 days)	3/1/2021		
LUBIPROSTONE CAP 8MCG	2	Added to 2021 Formulary	Quantity Limit (180 caps every 30 days)	3/1/2021		
ONGENTYS CAP 50MG	4	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 caps every 30 days)	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		
RETACRIT INJ 10000UNT	4	Added to 2021 Formulary	Prior Authorization Required	3/1/2021		
RETACRIT INJ 20000UNI	4	Added to 2021 Formulary	Prior Authorization Required	3/1/2021		
TYBLUME TAB 0.1-0.02	4	Added to 2021 Formulary		3/1/2021		
ARYMO ER TAB 15MG	4	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	3/1/2021	MORPHINE SULFATE TAB ER	2
ARYMO ER TAB 30MG	4	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	3/1/2021	MORPHINE SULFATE TAB ER	2
ARYMO ER TAB 60MG	5	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	3/1/2021	MORPHINE SULFATE TAB ER	2
HUMIRA INJ 10MG/0.2	5	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (2 syringes every 28 days)	3/1/2021	HUMIRA INJ 10/0.1ML	5

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HUMIRA KIT 20MG/0.4	5	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (2 syringes every 28 days)	3/1/2021	HUMIRA INJ 20/0.2ML	5
LOPERAMIDE SOL 2MG/15ML	4	Removed from 2021 Formulary		3/1/2021	LOPERAMIDE CAP 2MG	2
RIOMET ER SUS 500/5ML	4	Removed from 2021 Formulary	Quantity Limit (600mL every 30 days)	3/1/2021	METFORMIN SOL 500/5ML	2
ADRENALIN INJ 1MG/ML	4	Added to 2021 Formulary		4/1/2021		
EMTR/TEN DF TAB 100-150	5	Added to 2021 Formulary		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		4/1/2021		
EYSUVIS DRO 0.25%	4	Added to 2021 Formulary	Quantity Limit (8.3mL 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		
NORE/ETH/FER CAP 1/20	2	Added to 2021 Formulary		4/1/2021		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

NYLIA TAB 7/7/7	2	Added to 2021 Formulary		4/1/2021		
ONGENTYS CAP 25MG	4	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	4/1/2021		
ORGOVYX TAB 120MG	5	Added to 2021 Formulary	Prior Authorization Required	4/1/2021		
SUTAB TAB	4	Added to 2021 Formulary		4/1/2021		
ZOLMITRIPTAN SPR 2.5MG	2	Added to 2021 Formulary	Quantity Limit (12 inhalers every 30 days)	4/1/2021		
ZOLMITRIPTAN SPR 5MG	2	Added to 2021 Formulary	Quantity Limit (12 inhalers every 30 days)	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
TRIGLIDE TAB 160MG	4	Removed from 2021 Formulary		4/1/2021	FENOFIBRATE TAB 160MG	Tier 2
LEVOTHYROXIN CAP 175MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 200MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		

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LEVOTHYROXIN CAP 112MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 137MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 75MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 88MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 100MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 125MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 25MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 50MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 13MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
LEVOTHYROXIN CAP 150MCG	2	Tier Change from Tier 4 to Tier 2		4/1/2021		
ACUVAIL SOL 0.45%	4	Added to 2021 Formulary		5/1/2021		

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BRINZOLAMIDE SUS 1%	2	Added to 2021 Formulary		5/1/2021		
BRONCHITOL CAP 40MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (560 caps every 28 days)	5/1/2021		
DESMOPRESSIN INJ 4MCG/ML	5	Added to 2021 Formulary		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		
HYDROCODONE TAB 40MG 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 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		
KLISYRI OIN 1%	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (5 packets every 30 days)	5/1/2021		
LOTEPREDNOL GEL 0.5%	2	Added to 2021 Formulary		5/1/2021		
LUPKYNIS CAP 7.9MG	5	Added to 2021 Formulary	Prior Authorization Required	5/1/2021		
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		
ORLADEYO CAP 110MG	2	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (28 caps every 28 days)	5/1/2021		
ORLADEYO CAP 150MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (28 caps every 28 days)	5/1/2021		

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OZEMPIC INJ 4MG/3ML	5	Added to 2021 Formulary	Quantity Limit (1 pen every 28 days)	5/1/2021		
POT CHL/NACL INJ 20MEQ/L	3	Added to 2021 Formulary		5/1/2021		
RIABNI SOL 100/10ML	2	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		
THYQUIDITY SOL 100MCG	5	Added to 2021 Formulary		5/1/2021		
TRAZIMERA INJ 150MG	4	Added to 2021 Formulary	Prior Authorization Required	5/1/2021		
TRI-NYMYO TAB	5	Added to 2021 Formulary		5/1/2021		
UBRELVY TAB 100MG	2	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (16 tabs every 30 days)	5/1/2021		
UBRELVY TAB 50MG	5	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		
XELJANZ SOL 1MG/ML	3	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (240mL every 24 days)	5/1/2021		
XTANDI TAB 40MG	5	Added to 2021 Formulary	Prior Authorization Required	5/1/2021		
XTANDI TAB 80MG	5	Added to 2021 Formulary	Prior Authorization Required	5/1/2021		

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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
BETHKIS NEB 300/4ML	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	TOBRAMYCIN NEB 300/4ML	Tier 5
CORTISPORIN CRE 0.5%	4	Removed from 2021 Formulary		5/1/2021	GENTAMICIN CRE 0.1%	Tier 2
CORTISPORIN OIN 1%	4	Removed from 2021 Formulary		5/1/2021	GENTAMICIN CRE 0.1%	Tier 2
DEMSEER CAP 250MG	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	METYROSINE CAP 250MG	Tier 5
FERRIPROX TAB 500MG	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	DEFERIPRONE TAB 500MG	Tier 5
KUVAN POW 100MG	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	SAPROPTERIN POWDER	Tier 5
KUVAN POW 500MG	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	SAPROPTERIN POWDER	Tier 5



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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

KUVAN TAB 100MG	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	SAPROPTERIN TAB 100MG	Tier 5
LUCEMYRA TAB 0.18MG	5	Removed from 2021 Formulary	Prior Authorization Required; Quantity Limit (228 tabs every 14 days)	5/1/2021	NALTREXONE TAB	Tier 2
NATROBA SUS 0.9%	4	Removed from 2021 Formulary		5/1/2021	SPINOSAD SUSP 0.9%	Tier 2
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

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

SYMJEPI INJ 0.3MG	4	Removed from 2021 Formulary		5/1/2021	EPINEPHRINE INJ 0.3MG	Tier 2
TAYTULLA CAP 1MG/20MC	4	Removed from 2021 Formulary		5/1/2021	GEMMILY CAP 1/20	Tier 2
TIMOPTIC OCU SOL 0.5% OP	4	Removed from 2021 Formulary		5/1/2021	TIMOLOL MALEATE PF OPHTH SOLN 0.5%	Tier 5
TRUVADA TAB 100-150	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 133-200	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 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
RESTASIS EMU 0.05%	3	Removed Quantity Limit		5/1/2021		
XIIDRA DRO 5%	3	Removed Quantity Limit		5/1/2021		
VYZULTA SOL 0.024%	4	Removed Step Therapy		5/1/2021		
ACCUTANE CAP 20MG	2	Added to 2021 Formulary	Prior Authorization Required	6/1/2021		
ACCUTANE CAP 30MG	2	Added to 2021 Formulary	Prior Authorization Required	6/1/2021		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

ACCUTANE 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		
LUCEMYRA TAB 0.18MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (228 tabs every 14 days)	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; Quantity Limit (60 tabs every 30 days)	6/1/2021		
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		
VERQUVO TAB 10MG	3	Added to 2021 Formulary		6/1/2021		
VERQUVO TAB 2.5MG	3	Added to 2021 Formulary		6/1/2021		
VERQUVO TAB 5MG	3	Added to 2021 Formulary		6/1/2021		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

ZAFEMY DIS 150/35	2	Added to 2021 Formulary		6/1/2021		
NEPHRAMINE INJ 5.4%	4	Removed from 2021 Formulary		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		
DOLISHALE TAB 90-20MCG	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		
INGREZZA CAP 60MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 caps every 30 days)	7/1/2021		
ROSZET TAB 10-10MG	4	Added to 2021 Formulary	Quantity Limit (30 tabs every 30 days)	7/1/2021		
ROSZET TAB 20-10MG	4	Added to 2021 Formulary	Quantity Limit (30 tabs every 30 days)	7/1/2021		
ROSZET TAB 40-10MG	4	Added to 2021 Formulary	Quantity Limit (30 tabs every 30 days)	7/1/2021		
ROSZET TAB 5-10MG	4	Added to 2021 Formulary	Quantity Limit (30 tabs every 30 days)	7/1/2021		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

SKYRIZI INJ 150MG/ML	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (7 syringes every year)	7/1/2021		
SKYRIZI INJ 150MG/ML	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (7 syringes every year)	7/1/2021		
TAZAROTENE AER 0.1%	4	Added to 2021 Formulary		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		
ABILIFY MYCI TAB 10MG MNT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 10MG STR	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 15MG MNT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 15MG STR	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 20MG MNT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 20MG STR	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 2MG MANT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit	8/1/2021		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

			(30 tabs every 30 days)			
ABILIFY MYCI TAB 2MG STRT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 30MG MNT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 30MG STR	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 5MG MANT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
ABILIFY MYCI TAB 5MG STRT	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	8/1/2021		
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		
CALCITONIN INJ 200/ML	5	Added to 2021 Formulary	Prior Authorization Required;	8/1/2021		
EXSERVAN MIS 50MG	5	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (60 films every 30 days)	8/1/2021		
FOSCARNET INJ	5	Added to 2021 Formulary	Prior Authorization Required;	8/1/2021		
MELODETTA CHW 24 FE	2	Added to 2021 Formulary		8/1/2021		
QELBREE CAP 100MG ER	4	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (120 caps every 30 days)	8/1/2021		

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

QELBREE CAP 150MG ER	4	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	8/1/2021		
QELBREE CAP 200MG ER	4	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	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		
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

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

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
PREDNICARBAT CRE 0.1%	2	Removed from 2021 Formulary		8/1/2021	TRIAMCINOLONE CRE 0.1%	Tier 1
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		
KIMYRSA INJ 1200MG	5	Added to 2021 Formulary		9/1/2021		
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		
NEXTSTELLIS TAB 3-14.2MG	4	Added to 2021 Formulary	Prior Authorization Required	9/1/2021		
NOVAREL INJ 10000UNT	4	Added to 2021 Formulary	Prior Authorization Required	9/1/2021		



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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

NOVOLOG INJ FLEXPEN	4	Added to 2021 Formulary		9/1/2021		
NOVOLOG INJ RELION	4	Added to 2021 Formulary		9/1/2021		
NOVOLOG MIX INJ FLEX REL	4	Added to 2021 Formulary		9/1/2021		
NOVOLOG RELI INJ 70/30	4	Added to 2021 Formulary		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		
VANCOMYCIN INJ 750MG	4	Added to 2021 Formulary		9/1/2021		
DILATRATE SR CAP 40MG	4	Removed from 2021 Formulary		9/1/2021	ISOSORBIDE DINITRATE TAB 20 MG	Tier 2
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

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### IMPORTANT 2021 5-TIER PERFORMANCE FORMULARY UPDATES

MAPROTILINE TAB 75MG	2	Removed from 2021 Formulary		9/1/2021	MIRTAZAPINE TAB 15MG	Tier 1
OXYCOD/ASA TAB	2	Removed from 2021 Formulary	Quantity Limit (360 tabs every 30 days)	9/1/2021	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 2
PROPRAN/HCTZ TAB 40/25	2	Removed from 2021 Formulary		9/1/2021	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 2
PROPRAN/HCTZ TAB 80/25	2	Removed from 2021 Formulary		9/1/2021	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 2
TOLMETIN SOD CAP 400MG	2	Removed from 2021 Formulary		9/1/2021	NAPROXEN TAB	Tier 1
TOLMETIN SOD TAB 600MG	2	Removed from 2021 Formulary		9/1/2021	NAPROXEN TAB	Tier 1
PRADAXA CAP 110MG	4	Quantity Limit Change	Quantity Limit (120 caps every 30 days)	9/1/2021		