

VIVA MEDICARE

IMPORTANT 2021 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
AMP-SULBACTA INJ 1.5GM	4	Added to 2021 Formulary		2/1/2021		
AMP-SULBACTA INJ 3GM	4	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	3	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	3	Added to 2021 Formulary		2/1/2021		
LOESTRIN FE TAB 1/20	3	Added to 2021 Formulary		2/1/2021		
LOESTRIN TAB 1/20-21	3	Added to 2021 Formulary		2/1/2021		
LORAZEPAM CON 2MG/ML	3	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%	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
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	3
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	3	Removed from 2021 Formulary		2/1/2021	SPS SUS 15GM/60	3
KLOR-CON SPR CAP 10MEQ	3	Removed from 2021 Formulary		2/1/2021	POTASSIUM CHLORIDE CAP ER	3

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
KLOR-CON SPR CAP 8MEQ	3	Removed from 2021 Formulary		2/1/2021	POTASSIUM CHLORIDE CAP ER	3
LORCET HD TAB 10-325MG	3	Removed from 2021 Formulary	Quantity Limit (180 tabs every 30 days)	2/1/2021	HYDROCODONE-ACETAMINOPHEN TAB 10-325MG	3
LORCET PLUS TAB 7.5-325	3	Removed from 2021 Formulary	Quantity Limit (180 tabs every 30 days)	2/1/2021	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325MG	3
LORCET TAB 5-325MG	3	Removed from 2021 Formulary	Quantity Limit (240 tabs every 30 days)	2/1/2021	HYDROCODONE-ACETAMINOPHEN TAB 5-325MG	3
METOPROLOL INJ 1MG/ML	3	Removed from 2021 Formulary		2/1/2021	METOPROLOL INJ 5MG/5ML	3
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	3	Removed from 2021 Formulary		2/1/2021	LEVETIRACETAM TAB ER 24HR	3
ROWEEPRA XR TAB 750MG XR	3	Removed from 2021 Formulary		2/1/2021	LEVETIRACETAM TAB ER 24HR	3
SOD POLY SUL SUS 15GM/60	3	Removed from 2021 Formulary		2/1/2021	SPS SUS 15GM/60	3

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
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		
AZENAPINE SUB 10MG	4	Added to 2021 Formulary	Quantity Limit (60 tabs every 30 days)	3/1/2021		
AZENAPINE SUB 2.5MG	4	Added to 2021 Formulary	Quantity Limit (60 tabs every 30 days)	3/1/2021		
AZENAPINE SUB 5MG	4	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		
DIFICID SUS	5	Added to 2021 Formulary		3/1/2021		

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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	3	Added to 2021 Formulary		3/1/2021		
OXALIPLATIN INJ 200MG	4	Added to 2021 Formulary	B vs D Prior Authorization	3/1/2021		
PARAPLATIN INJ 1000MG	3	Added to 2021 Formulary	B vs D Prior Authorization	3/1/2021		
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
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
LOESTRIN FE TAB 1/20	2	Tier Change Tier 3 to Tier 2		3/1/2021		
LOESTRIN FE TAB 1.5/30	2	Tier Change Tier 3 to Tier 2		3/1/2021		
ADRENALIN INJ 1MG/ML	4	Added to 2021 Formulary		4/1/2021		
CORTISONE AC TAB 25MG	4	Added to 2021 Formulary		4/1/2021		
DAPTOMYCIN SOL 350MG	5	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		

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EMTR/TEN DF TAB 167-250	5	Added to 2021 Formulary	Quantity Limit (30 tabs every 30 days)	4/1/2021		
HYDROCORTISO CRE 2.5%	3	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	4	Removed from 2021 Formulary		4/1/2021	ABACAVIR TAB 300MG	Tier 3
DIDANOSINE CAP 250MG	4	Removed from 2021 Formulary		4/1/2021	ABACAVIR TAB 300MG	Tier 3
DIDANOSINE CAP 400MG	4	Removed from 2021 Formulary		4/1/2021	ABACAVIR TAB 300MG	Tier 3
BRINZOLAMIDE SUS 1%	3	Added to 2021 Formulary		5/1/2021		
DESMOPRESSIN INJ 4MCG/ML	5	Added to 2021 Formulary		5/1/2021		

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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	3	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	5/1/2021		
HYDROCODONE TAB 30MG ER	3	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	5/1/2021		
HYDROCODONE TAB 40MG ER	3	Added to 2021 Formulary	Prior Authorization Required;	5/1/2021		

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			Quantity Limit (30 tabs every 30 days)			
HYDROCODONE TAB 60MG ER	3	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		
LYLLANA DIS 0.025MG	5	Added to 2021 Formulary		5/1/2021		

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LYLLANA DIS 0.0375MG	5	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	3	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	3	Added to 2021 Formulary	Prior Authorization Required	5/1/2021		
RIABNI SOL 500/50ML	3	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		
UBRELVY TAB 50MG	2	Added to 2021 Formulary	Prior Authorization Required;	5/1/2021		

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IMPORTANT 2021 5-TIER SNP FORMULARY UPDATES

			Quantity Limit (16 tabs every 30 days)			
VENTOLIN HFA AER	5	Added to 2021 Formulary		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 30 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
DEMSER 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
KUVAN POW 500MG	5	Removed from 2021 Formulary	Prior Authorization Required	5/1/2021	SAPROPTERIN POWDER	Tier 5

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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 3
SYMJEPI INJ 0.3MG	4	Removed from 2021 Formulary		5/1/2021	EPINEPHRINE INJ 0.3MG	Tier 3
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

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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		
ACCURANE CAP 20MG	4	Added to 2021 Formulary	Prior Authorization Required	6/1/2021		
ACCURANE CAP 30MG	4	Added to 2021 Formulary	Prior Authorization Required	6/1/2021		
ACCURANE CAP 40MG	4	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	3	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	6/1/2021		
PREGABALN ER TAB 330MG	3	Added to 2021 Formulary	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	6/1/2021		

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PREGABALN ER TAB 82.5MG	3	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	4	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	4	Removed from 2021 Formulary	Quantity Limit (12 injections every 30 days)	6/1/2021	SUMATRIPTAN AUTO-INJECTOR 6 MG/0.5ML	Tier 4
D2.5W/NACL INJ 0.45%	3	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;	7/1/2021		

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			Quantity Limit (30 caps every 30 days)			
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	3	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		
BEPOTASTINE DRO 1.5%	3	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		
XPOVIO PAK 60MG	5	Added to 2021 Formulary	Prior Authorization Required	8/1/2021		

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ALBUTEROL TAB 4MG ER	3	Removed from 2021 Formulary		8/1/2021	ALBUTEROL TAB	Tier 2
ALBUTEROL TAB 8MG ER	3	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		
ISOPTO ATROP SOL 1% OP	3	Added to 2021 Formulary		9/1/2021		
LOPIN/RITON TAB 100- 25MG	4	Added to 2021 Formulary		9/1/2021		
LOPIN/RITON TAB 200- 50MG	5	Added to 2021 Formulary		9/1/2021		

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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	3	Removed from 2021 Formulary		9/1/2021	MIRTAZAPINE TAB 15MG	Tier 2
MAPROTILINE TAB 50MG	3	Removed from 2021 Formulary		9/1/2021	MIRTAZAPINE TAB 15MG	Tier 2
MAPROTILINE TAB 75MG	3	Removed from 2021 Formulary		9/1/2021	MIRTAZAPINE TAB 15MG	Tier 2
PROPRAN/HCTZ TAB 40/25	3	Removed from 2021 Formulary		9/1/2021	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 3
PROPRAN/HCTZ TAB 80/25	3	Removed from 2021 Formulary		9/1/2021	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 3
PRADAXA CAP 110MG	4	Quantity Limit Change	Quantity Limit (120 caps every 30 days)	9/1/2021		