

VIVA Medicare

IMPORTANT 2022 5-TIER PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ADAPAL/BEN P GEL 0.3-2.5%	2	Formulary Addition		02/01/2022		
AZATHIOPRINE TAB 100MG	2	Formulary Addition	Prior Authorization Required	02/01/2022		
AZATHIOPRINE TAB 75MG	2	Formulary Addition	Prior Authorization Required	02/01/2022		
BETA-PHOS/AC INJ 3-3MG/ML	2	Formulary Addition		02/01/2022		
CIPRO/FLUOC DRO PF	2	Formulary Addition		02/01/2022		
DIFLUPREDNAT EMU 0.05%	2	Formulary Addition		02/01/2022		
E.E.S. 400 TAB 400MG	2	Formulary Addition		02/01/2022		
ENALAPRIL SOL 1MG/ML	5	Formulary Addition		02/01/2022		
EPCLUSA PAK 150-37.5	5	Formulary Addition	Prior Authorization Required	02/01/2022		
EPCLUSA PAK 200-50MG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
EPRONTIA SOL 25MG/ML	4	Formulary Addition		02/01/2022		
EVEROLIMUS TAB 10MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/01/2022		
EVEROLIMUS TAB 1MG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
EVEROLIMUS TAB 2MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (150 tablets every 30 days)	02/01/2022		

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EVEROLIMUS TAB 3MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tablets every 30 days)	02/01/2022		
EVEROLIMUS TAB 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	02/01/2022		
EXKIVITY CAP 40MG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
INFLIXIMAB INJ 100MG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
JATENZO CAP 158MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (120 tablets every 30 days)	02/01/2022		
JATENZO CAP 198MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (120 tablets every 30 days)	02/01/2022		
JATENZO CAP 237MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	02/01/2022		
KERENDIA TAB 10MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/01/2022		
KERENDIA TAB 20MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/01/2022		
KLOXXADO LIQ	3	Formulary Addition		02/01/2022		
MAVYRET PAK 50-20MG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
MYRBETRIQ SUS 8MG/ML	4	Formulary Addition		02/01/2022		

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NEBIVOLOL TAB 10MG	2	Formulary Addition		02/01/2022		
NEBIVOLOL TAB 2.5MG	2	Formulary Addition		02/01/2022		
NEBIVOLOL TAB 20MG	2	Formulary Addition		02/01/2022		
NEBIVOLOL TAB 5MG	2	Formulary Addition		02/01/2022		
OCTREOTIDE INJ 100MCG	2	Formulary Addition	Prior Authorization Required	02/01/2022		
OCTREOTIDE INJ 500MCG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
OCTREOTIDE INJ 50MCG/ML	2	Formulary Addition	Prior Authorization Required	02/01/2022		
PANCREAZE CAP 37000	4	Formulary Addition		02/01/2022		
PAROXETINE SUS 10MG/5ML	4	Formulary Addition	Prior Authorization Required	02/01/2022		
PROCTOSOL HC CRE 2.5%	2	Formulary Addition		02/01/2022		
STAVUDINE CAP 15MG	2	Formulary Addition		02/01/2022		
STAVUDINE CAP 20MG	2	Formulary Addition		02/01/2022		
STAVUDINE CAP 30MG	2	Formulary Addition		02/01/2022		
STAVUDINE CAP 40MG	2	Formulary Addition		02/01/2022		
TAYSOFY CAP 1/20	2	Formulary Addition		02/01/2022		
THALITONE TAB 15MG	4	Formulary Addition		02/01/2022		

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VARENICLINE TAB 0.5MG	2	Formulary Addition	Quantity Limit (56 tablets every 28 days)	02/01/2022		
VARENICLINE TAB 1MG	2	Formulary Addition	Quantity Limit (56 tablets every 28 days)	02/01/2022		
WELIREG TAB 40MG	5	Formulary Addition	Prior Authorization Required	02/01/2022		
WINLEVI CRE 1%	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60gm every 30 days)	02/01/2022		
ADAPALENE SOL 0.1%	5	Formulary Deletion	Prior Authorization Required, Quantity Limit (60mL every 30 days)	02/01/2022		
AMPHETAMI ER SUS 1.25/ML	2	Formulary Deletion	Prior Authorization Required, Quantity Limit (450mL every 30 days)	02/01/2022		
BEKYREE TAB	2	Formulary Deletion		02/01/2022	KARIVA TAB 28 DAY	Tier 2
CYCLAFEM TAB 1/35	2	Formulary Deletion		02/01/2022	NORTREL TAB 1/35	Tier 2
CYCLAFEM TAB 7/7/7	2	Formulary Deletion		02/01/2022	NORTREL TAB 7/7/7	Tier 2
FAYOSIM TAB	2	Formulary Deletion		02/01/2022	RIVELSA TAB	Tier 2
FREAMINE HBC INJ 6.9%	4	Formulary Deletion	Prior Authorization Required	02/01/2022	FREAMINE III INJ 10%	Tier 4
LUPANETA KIT 11.25-5	5	Formulary Deletion	Prior Authorization Required	02/01/2022	LUPRON DEPOT INJ 11.25MG	Tier 5
LUPANETA KIT 3.75-5	5	Formulary Deletion	Prior Authorization Required	02/01/2022	LUPRON DEPOT INJ 3.75MG	Tier 5
MIBELAS 24 CHW FE	2	Formulary Deletion		02/01/2022	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 2

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MINITRAN DIS 0.1MG/HR	2	Formulary Deletion		02/01/2022	NITROGLYCERIN TD PATCH	Tier 2
MINITRAN DIS 0.2MG/HR	2	Formulary Deletion		02/01/2022	NITROGLYCERIN TD PATCH	Tier 2
MINITRAN DIS 0.4MG/HR	2	Formulary Deletion		02/01/2022	NITROGLYCERIN TD PATCH	Tier 2
MINITRAN DIS 0.6MG/HR	2	Formulary Deletion		02/01/2022	NITROGLYCERIN TD PATCH	Tier 2
MONDOXYNE NL CAP 100MG	2	Formulary Deletion		02/01/2022	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2
OSMOLEX ER TAB 258MG	4	Formulary Deletion	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/01/2022	OSMOLEX ER TAB 129MG, 193MG	Tier 4
ZUPLENZ MIS 8MG	5	Formulary Deletion	Prior Authorization Required	02/01/2022	ONDANSETRON TAB 8MG ODT	Tier 2
AZASAN TAB 100MG	2	Tier change		02/01/2022		
AZASAN TAB 75 MG	2	Tier change		02/01/2022		
OMNIPOD MIS 5 PACK	4	Quantity Limit Change		02/01/2022		
OMNIPOD MIS 5 PACK	4	Quantity Limit Change		02/01/2022		
PREGABALIN CAP 100MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN CAP 150MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN CAP 200MG	2	Prior Authorization Removed		02/01/2022		

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PREGABALIN CAP 225MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN CAP 25MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN CAP 300MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN CAP 50MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN CAP 75MG	2	Prior Authorization Removed		02/01/2022		
PREGABALIN SOL 20MG/ML	2	Prior Authorization Removed		02/01/2022		
VRAYLAR CAP 1.5-3MG	4	Prior Authorization Removed		02/01/2022		
VRAYLAR CAP 1.5MG	5	Prior Authorization Removed		02/01/2022		
VRAYLAR CAP 3MG	5	Prior Authorization Removed		02/01/2022		
VRAYLAR CAP 4.5MG	5	Prior Authorization Removed		02/01/2022		

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VRAYLAR CAP 6MG	5	Prior Authorization Removed		02/01/2022		
ATROPINE SUL SOL 1% OP	2	Formulary Addition		03/01/2022		
BESREMI SOL 500MCG	5	Formulary Addition	Prior Authorization Required	03/01/2022		
BIKTARVY TAB	5	Formulary Addition		03/01/2022		
CARGLUMIC TAB 200MG	5	Formulary Addition	Prior Authorization Required	03/01/2022		
CYCLOPHOSPHA INJ 2GM/10ML	5	Formulary Addition	Prior Authorization Required	03/01/2022		
EZETIM/ROSUV TAB 10-10MG	4	Formulary Addition		03/01/2022		
EZETIM/ROSUV TAB 10-20MG	4	Formulary Addition		03/01/2022		
EZETIM/ROSUV TAB 10-40MG	4	Formulary Addition		03/01/2022		
EZETIM/ROSUV TAB 10-5MG	4	Formulary Addition		03/01/2022		
GLYCOPYRROLA SOL 1MG/5ML	2	Formulary Addition		03/01/2022		
GVOKE KIT INJ 1MG/0.2	3	Formulary Addition		03/01/2022		
MICRGSTIN 24 TAB FE 1/20	2	Formulary Addition		03/01/2022		
NALOXONE SPR	2	Formulary Addition		03/01/2022		
NYLIA TAB 1/35	2	Formulary Addition		03/01/2022		

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OXBRYTA TAB 300MG	5	Formulary Addition	Prior Authorization Required	03/01/2022		
SCEMBLIX TAB 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	03/01/2022		
SCEMBLIX TAB 40MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	03/01/2022		
TICOVAC INJ	3	Formulary Addition		03/01/2022		
XARELTO SUS 1MG/ML	3	Formulary Addition	Quantity Limit (620 mL every 30 days)	03/01/2022		
KETOPROFEN CAP 50MG	2	Formulary Deletion	Quantity Limit (180 caps every 30 days)	03/01/2022	IBUPROFEN TAB	Tier 1
VANCOMYCIN INJ 250MG	4	Formulary Deletion		03/01/2022	VANCOMYCIN INJ 500MG	Tier 2
XEPI CRE 1%	4	Formulary Deletion		03/01/2022	MUPIROCIN OIN 2%	Tier 1
ZARAH TAB 3-0.03MG	2	Formulary Deletion		03/01/2022	SYEDA TAB 3-0.03MG	Tier 2
IVERMECTIN TAB 3MG	2	Prior Authorization Added		03/01/2022		
ACCUTANE CAP 10MG	2	Formulary Addition	Prior Authorization Required	04/01/2022		
DENGVAXIA SUS	3	Formulary Addition		04/01/2022		
HEP SOD/DEXT INJ 25000UNT	4	Formulary Addition		04/01/2022		
HEP SOD/DEXT INJ 25000UNT	4	Formulary Addition		04/01/2022		

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LIVTENCITY TAB 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (112 tabs every 28 days)	04/01/2022		
MARAVIROC TAB 150MG	5	Formulary Addition		04/01/2022		
MARAVIROC TAB 300MG	5	Formulary Addition		04/01/2022		
PHEXXI GEL	4	Formulary Addition		04/01/2022		
PREHEVBRIO SUS 10MCG/ML	3	Formulary Addition	Prior Authorization Required	04/01/2022		
RINVOQ TAB 30MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 28 days)	04/01/2022		
SKYTROFA INJ 11MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 13.3MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 3.6MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 3MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 4.3MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 5.2MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 6.3MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 7.6MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		
SKYTROFA INJ 9.1MG	5	Formulary Addition	Prior Authorization Required	04/01/2022		

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KETOPROFEN CAP 75MG	2	Formulary Deletion	Prior Authorization Required	04/01/2022	IBUPROFEN TAB	Tier 1
ORAVIG TAB 50MG	5	Formulary Deletion		04/01/2022	CLOTRIMAZOLE TROCHE 10MG	Tier 2
TRI-PREVIEW TAB	2	Formulary Deletion		04/01/2022	TRI-SPRINTEC TAB	Tier 2
AMPHOTERICIN INJ 50MG	5	Formulary Addition	Prior Authorization Required	05/01/2022		
APOMORPHINE INJ 30MG/3ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (20 cartridges every 30 days)	05/01/2022		
BETAINE ANHY POW	5	Formulary Addition		05/01/2022		
DEFERIPRONE TAB 1000MG	5	Formulary Addition	Prior Authorization Required	05/01/2022		
DESCOVY TAB 120- 15MG	5	Formulary Addition		05/01/2022		
DIGOXIN TAB 0.0625MG	2	Formulary Addition	Quantity Limit (120 tabs every 30 days)	05/01/2022		
ERYTHROMYCIN INJ 500MG	5	Formulary Addition		05/01/2022		
KESIMPTA INJ 20/.4ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (16 pens every year)	05/01/2022		
LENALIDOMIDE CAP 10MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 28 days)	05/01/2022		
LENALIDOMIDE CAP 15MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 28 days)	05/01/2022		

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LENALIDOMIDE CAP 25MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (21 caps every 28 days)	05/01/2022		
LENALIDOMIDE CAP 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 28 days)	05/01/2022		
NURTEC TAB 75MG ODT	5	Formulary Addition	Prior Authorization Required, Quantity Limit (16 tabs every 30 days)	05/01/2022		
NUZYRA INJ 100MG	5	Formulary Addition		05/01/2022		
NUZYRA TAB 150MG	5	Formulary Addition		05/01/2022		
ONDANSETRON INJ 4MG/2ML	2	Formulary Addition		05/01/2022		
SIKLOS TAB 1000MG	5	Formulary Addition		05/01/2022		
SIKLOS TAB 100MG	4	Formulary Addition		05/01/2022		
TALZENNA CAP 0.5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	05/01/2022		
TALZENNA CAP 0.75MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	05/01/2022		
VANCOMYCIN SOL 1.5GM	2	Formulary Addition		05/01/2022		
VYVGART INJ 400/20ML	5	Formulary Addition	Prior Authorization Required	05/01/2022		
AMINOSYN-PF INJ 7%	4	Formulary Deletion	Prior Authorization Required	05/01/2022	TROPHAMINE INJ 10%	Tier 4

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ARANESP INJ 300MCG	5	Formulary Deletion	Prior Authorization Required	05/01/2022	ARANESP INJ 300MCG SYRINGE	Tier 5
BLEPHAMIDE SUS OP	4	Formulary Deletion		05/01/2022	SULFACETAMIDE SOD-PREDNISOLONE SOL OP	Tier 2
BYSTOLIC TAB 10MG	4	Formulary Deletion		05/01/2022	NEBIVOLOL TAB	Tier 2
BYSTOLIC TAB 2.5MG	4	Formulary Deletion		05/01/2022	NEBIVOLOL TAB	Tier 2
BYSTOLIC TAB 20MG	4	Formulary Deletion		05/01/2022	NEBIVOLOL TAB	Tier 2
BYSTOLIC TAB 5MG	4	Formulary Deletion		05/01/2022	NEBIVOLOL TAB	Tier 2
CEFUROXIME INJ 7.5GM	2	Formulary Deletion		05/01/2022	CEFUROXIME INJ	Tier 2
CHANTIX PAK 1MG	4	Formulary Deletion	Quantity Limit (56 tabs every 28 days)	05/01/2022	VARENICLINE TAB	Tier 2
CHANTIX TAB 0.5MG	4	Formulary Deletion	Quantity Limit (56 tabs every 28 days)	05/01/2022	VARENICLINE TAB	Tier 2
CHANTIX TAB 1MG	4	Formulary Deletion	Quantity Limit (56 tabs every 28 days)	05/01/2022	VARENICLINE TAB	Tier 2
DUREZOL EMU 0.05%	3	Formulary Deletion		05/01/2022	DIFLUPREDNATE EMU 0.05%	Tier 2
NARCAN SPR	3	Formulary Deletion		05/01/2022	NALOXONE HCL SPR	Tier 2
CHANTIX PAK 0.5& 1MG	4	QL removed		05/01/2022		
KERENDIA TAB 10MG	3	PA removed		05/01/2022		
KERENDIA TAB 20MG	3	PA removed		05/01/2022		
VELTASSA POW 16.8GM	3	PA removed		05/01/2022		
VELTASSA POW 25.2GM	3	PA removed		05/01/2022		
VELTASSA POW 8.4GM	3	PA removed		05/01/2022		
XIIDRA DRO 5%	3	PA & QL removed		05/01/2022		

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