

VIVA Medicare

IMPORTANT 2022 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DIFLUPREDNAT EMU 0.05%	3	Formulary Addition		02/02/2022		
E.E.S. 400 TAB 400MG	4	Formulary Addition		02/02/2022		
EPCLUSA PAK 150-37.5	5	Formulary Addition	Prior Authorization Required	02/02/2022		
EPCLUSA PAK 200-50MG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
EPRONTIA SOL 25MG/ML	4	Formulary Addition		02/02/2022		
EVEROLIMUS TAB 10MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/02/2022		
EVEROLIMUS TAB 1MG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
EVEROLIMUS TAB 2MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (150 tablets every 30 days)	02/02/2022		
EVEROLIMUS TAB 3MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tablets every 30 days)	02/02/2022		
EVEROLIMUS TAB 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	02/02/2022		
EXKIVITY CAP 40MG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
INFLIXIMAB INJ 100MG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
MAVYRET PAK 50-20MG	5	Formulary Addition	Prior Authorization Required	02/02/2022		

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MYRBETRIQ SUS 8MG/ML	4	Formulary Addition	Quantity Limit (300mL every 28 days)	02/02/2022		
NEBIVOLOL TAB 10MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	02/02/2022		
NEBIVOLOL TAB 2.5MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	02/02/2022		
NEBIVOLOL TAB 20MG	4	Formulary Addition	Quantity Limit (60 tablets every 30 days)	02/02/2022		
NEBIVOLOL TAB 5MG	4	Formulary Addition	Quantity Limit (30 tablets every 30 days)	02/02/2022		
OCTREOTIDE INJ 100MCG	4	Formulary Addition	Prior Authorization Required	02/02/2022		
OCTREOTIDE INJ 500MCG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
OCTREOTIDE INJ 50MCG/ML	4	Formulary Addition	Prior Authorization Required	02/02/2022		
PAROXETINE SUS 10MG/5ML	4	Formulary Addition	Prior Authorization Required, Quantity Limit (900mL every 30 days)	02/02/2022		
PROCTOSOL HC CRE 2.5%	3	Formulary Addition		02/02/2022		
STAVUDINE CAP 15MG	4	Formulary Addition		02/02/2022		
STAVUDINE CAP 20MG	4	Formulary Addition		02/02/2022		
STAVUDINE CAP 30MG	4	Formulary Addition		02/02/2022		
STAVUDINE CAP 40MG	4	Formulary Addition		02/02/2022		
VARENICLINE TAB 0.5MG	4	Formulary Addition	Quantity Limit (56 tablets every 28 days)	02/02/2022		

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VARENICLINE TAB 1MG	4	Formulary Addition	Quantity Limit (56 tablets every 28 days)	02/02/2022		
WELIREG TAB 40MG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
BEKYREE TAB	3	Formulary Deletion		02/02/2022	KARIVA TAB 28 DAY	Tier 3
CYCLAFEM TAB 1/35	2	Formulary Deletion		02/02/2022	NORTREL TAB 1/35	Tier 2
CYCLAFEM TAB 7/7/7	2	Formulary Deletion		02/02/2022	NORTREL TAB 7/7/7	Tier 2
FAYOSIM TAB	3	Formulary Deletion		02/02/2022	RIVELSA TAB	Tier 3
FREAMINE HBC INJ 6.9%	4	Formulary Deletion	Prior Authorization Required	02/02/2022	FREAMINE III INJ 10%	Tier 4
MIBELAS 24 CHW FE	4	Formulary Deletion		02/02/2022	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 4
MINITRAN DIS 0.1MG/HR	3	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 3
MINITRAN DIS 0.2MG/HR	3	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 3
MINITRAN DIS 0.4MG/HR	3	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 3
MINITRAN DIS 0.6MG/HR	3	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 3
MONDOXYNE NL CAP 100MG	2	Formulary Deletion		02/02/2022	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2
OMNIPOD MIS 5 PACK	4	Quantity Limit Change		02/02/2022		
OMNIPOD MIS 5 PACK	4	Quantity Limit Change		02/02/2022		

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PREGABALIN CAP 100MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 150MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 200MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 225MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 25MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 300MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 50MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 75MG	3	Prior Authorization Removed		02/02/2022		
PREGABALIN SOL 20MG/ML	4	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 1.5-3MG	5	Prior Authorization Removed		02/02/2022		

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VRAYLAR CAP 1.5MG	4	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 3MG	4	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 4.5MG	4	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 6MG	4	Prior Authorization Removed		02/02/2022		
ATROPINE SUL SOL 1% OP	3	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		
GVOKE KIT INJ 1MG/0.2	3	Formulary Addition		03/01/2022		
MICRGSTIN 24 TAB FE 1/20	3	Formulary Addition		03/01/2022		
NALOXONE SPR	3	Formulary Addition		03/01/2022		
NYLIA TAB 1/35	2	Formulary Addition		03/01/2022		

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SCSEMBLIX TAB 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	03/01/2022		
SCSEMBLIX TAB 40MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (300 tabs every 30 days)	03/01/2022		
TICOVAC INJ	3	Formulary Addition		03/01/2022		
XARELTO SUS 1MG/ML	3	Formulary Addition	Quantity Limit (620mL every 30 days)	03/01/2022		
ZARAH TAB 3-0.03MG	3	Formulary Deletion		03/01/2022	SYEDA TAB 3-0.03MG	Tier 3
IVERMECTIN TAB 3MG	3	Prior Authorization Added		03/01/2022		
ACCUTANE CAP 10MG	4	Formulary Addition	Prior Authorization Required	4/1/2022		
DENGVAXIA SUS	3	Formulary Addition		4/1/2022		
MARAVIROC TAB 150MG	5	Formulary Addition		4/1/2022		
MARAVIROC TAB 300MG	5	Formulary Addition		4/1/2022		
PREHEVBRIO SUS 10MCG/ML	3	Formulary Addition	Prior Authorization Required	4/1/2022		
RINVOQ TAB 30MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	4/1/2022		
TRI-PREVFEM TAB	2	Formulary Deletion		4/1/2022	TRI-SPRINTEC TAB	Tier 2
AMPHOTERICIN INJ 50MG	5		Prior Authorization Required	05/01/2022		

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BETAINE ANHY POW	5	Formulary Addition		05/01/2022		
DESCOVY TAB 120-15MG	5	Formulary Addition		05/01/2022		
ERYTHROMYCIN INJ 500MG	5	Formulary Addition		05/01/2022		
KERENDIA TAB 10MG	3	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2022		
KERENDIA TAB 20MG	3	Formulary Addition	Quantity Limit (30 tablets every 30 days)	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		
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		
METRONIDAZOL INJ 5MG/ML	3	Formulary Addition		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		

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NUZYRA TAB 150MG	5	Formulary Addition		05/01/2022		
ONDANSETRON INJ 4MG/2ML	3	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		
VELPHORO CHW 500MG	5	Formulary Addition	Quantity Limit (180 tablets every 30 days)	05/01/2022		
XIIDRA DRO 5%	3	Formulary Addition		05/01/2022		
AMINOSYN-PF INJ 7%	4	Formulary Deletion	Prior Authorization Required	05/01/2022	TROPHAMINE INJ 10%	Tier 4
BYSTOLIC TAB 10MG	4	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	05/01/2022	NEBIVOLOL TAB	Tier 4
BYSTOLIC TAB 2.5MG	4	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	05/01/2022	NEBIVOLOL TAB	Tier 4
BYSTOLIC TAB 20MG	4	Formulary Deletion	Quantity Limit (30 tabs every 60 days)	05/01/2022	NEBIVOLOL TAB	Tier 4
BYSTOLIC TAB 5MG	4	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	05/01/2022	NEBIVOLOL TAB	Tier 4
CEFUROXIME INJ 7.5GM	3	Formulary Deletion		05/01/2022	Cefuroxime INJ	Tier 3
CHANTIX PAK 1MG	4	Formulary Deletion	Quantity Limit (56 tabs every 28 days)	05/01/2022	VARENICLINE TAB	Tier 4
CHANTIX TAB 0.5MG	4	Formulary Deletion	Quantity Limit (56 tabs every 28 days)	05/01/2022	VARENICLINE TAB	Tier 4
CHANTIX TAB 1MG	4	Formulary Deletion	Quantity Limit (56 tabs every 28 days)	05/01/2022	VARENICLINE TAB	Tier 4

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DUREZOL EMU 0.05%	3	Formulary Deletion		05/01/2022	DIFLUPREDNATE EMU 0.05%	Tier 3
NARCAN SPR	3	Formulary Deletion		05/01/2022	NALOXONE HCL SPR	Tier 3
CHANTIX PAK 0.5& 1MG	4	QL Removed		05/01/2022		
VELTASSA POW 25.2GM	4	PA Removed		05/01/2022		
VELTASSA POW 16.8GM	4	PA Removed		05/01/2022		
VELTASSA POW 8.4GM	4	PA Removed		05/01/2022		