

VIVA Medicare

IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DIFLUPREDNAT EMU 0.05%	2	Formulary Addition		02/02/2022		
E.E.S. 400 TAB 400MG	2	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	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	02/02/2022		
NEBIVOLOL TAB 2.5MG	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	02/02/2022		
NEBIVOLOL TAB 20MG	2	Formulary Addition	Quantity Limit (60 tablets every 30 days)	02/02/2022		
NEBIVOLOL TAB 5MG	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	02/02/2022		
OCTREOTIDE INJ 100MCG	2	Formulary Addition	Prior Authorization Required	02/02/2022		
OCTREOTIDE INJ 500MCG	5	Formulary Addition	Prior Authorization Required	02/02/2022		
OCTREOTIDE INJ 50MCG/ML	2	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%	2	Formulary Addition		02/02/2022		
STAVUDINE CAP 15MG	2	Formulary Addition		02/02/2022		
STAVUDINE CAP 20MG	2	Formulary Addition		02/02/2022		
STAVUDINE CAP 30MG	2	Formulary Addition		02/02/2022		
STAVUDINE CAP 40MG	2	Formulary Addition		02/02/2022		
VARENICLINE TAB 0.5MG	2	Formulary Addition	Quantity Limit (56 tablets every 28 days)	02/02/2022		

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VARENICLINE TAB 1MG	2	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	2	Formulary Deletion		02/02/2022	KARIVA TAB 28 DAY	Tier 2
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
FREAMINE HBC INJ 6.9%	4	Formulary Deletion	Prior Authorization Required	02/02/2022	FREAMINE III INJ 10%	Tier 4
MINITRAN DIS 0.1MG/HR	2	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
MINITRAN DIS 0.2MG/HR	2	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
MINITRAN DIS 0.4MG/HR	2	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
MINITRAN DIS 0.6MG/HR	2	Formulary Deletion		02/02/2022	NITROGLYCERIN TD PATCH	Tier 2
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		
PREGABALIN CAP 100MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 150MG	2	Prior Authorization Removed		02/02/2022		

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PREGABALIN CAP 200MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 225MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 25MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 300MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 50MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN CAP 75MG	2	Prior Authorization Removed		02/02/2022		
PREGABALIN SOL 20MG/ML	2	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 1.5-3MG	4	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 1.5MG	5	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 3MG	5	Prior Authorization Removed		02/02/2022		

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VRAYLAR CAP 4.5MG	5	Prior Authorization Removed		02/02/2022		
VRAYLAR CAP 6MG	5	Prior Authorization Removed		02/02/2022		
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		
GVOKE KIT INJ 1MG/0.2	3	Formulary Addition		03/01/2022		
NALOXONE SPR	2	Formulary Addition		03/01/2022		
NYLIA TAB 1/35	2	Formulary Addition		03/01/2022		
SCSEMBLIX TAB 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	03/01/2022		
SCSEMBLIX TAB 40MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (300 tablets 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		

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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		
DENGVAIXA SUS	3	Formulary Addition		04/01/2022		
MARAVIROC TAB 150MG	5	Formulary Addition		04/01/2022		
MARAVIROC TAB 300MG	5	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 tablets every 30 days)	04/01/2022		
TRI-PREVFEM TAB	2	Formulary Deletion		04/01/2022	TRI-SPRINTEC TAB	Tier 2
AMPHOTERICIN INJ 50MG	5	Formulary Addition	Prior Authorization Required	05/01/2022		
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		

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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	2	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		
NUZYRA TAB 150MG	5	Formulary Addition		05/01/2022		
ONDANSETRON INJ 4MG/2ML	2	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		

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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 2
BYSTOLIC TAB 2.5MG	4	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	05/01/2022	NEBIVOLOL TAB	Tier 2
BYSTOLIC TAB 20MG	4	Formulary Deletion	Quantity Limit (30 tabs every 60 days)	05/01/2022	NEBIVOLOL TAB	Tier 2
BYSTOLIC TAB 5MG	4	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	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		
VELTASSA POW 25.2GM	3	PA Removed		05/01/2022		
VELTASSA POW 16.8GM	3	PA Removed		05/01/2022		
VELTASSA POW 8.4GM	3	PA Removed		05/01/2022		

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DEXLANSOPRAZ CAP 30MG DR	2	Formulary Addition	Quantity Limit (30 caps every 30 days)	06/01/2022		
DEXLANSOPRAZ CAP 60MG DR	2	Formulary Addition	Quantity Limit (30 caps every 30 days)	06/01/2022		
LACOSAMIDE SOL 200MG/20	5	Formulary Addition		06/01/2022		
LACOSAMIDE TAB 100MG	2	Formulary Addition	Quantity Limit (60 tabs every 30 days)	06/01/2022		
LACOSAMIDE TAB 150MG	2	Formulary Addition	Quantity Limit (60 tabs every 30 days)	06/01/2022		
LACOSAMIDE TAB 200MG	2	Formulary Addition	Quantity Limit (60 tabs every 30 days)	06/01/2022		
LACOSAMIDE TAB 50MG	2	Formulary Addition	Quantity Limit (120 tabs every 30 days)	06/01/2022		
OZEMPIC INJ 8MG/3ML	3	Formulary Addition	Quantity Limit (1 pen every 28 days)	06/01/2022		
PACLITAXEL INJ 100MG	5	Formulary Addition	Prior Authorization Required	06/01/2022		
QUADRACEL INJ 0.5ML	3	Formulary Addition		06/01/2022		
RINVOQ TAB 45MG ER	5	Formulary Addition	Prior Authorization Required; Quantity Limit (112 tabs every 365 days)	06/01/2022		
TRIUMEQ PD TAB	5	Formulary Addition		06/01/2022		
FARYDAK CAP 10MG	5	Formulary Deletion	Prior Authorization Required	06/01/2022	XPOVIO PAK	Tier 5
FARYDAK CAP 15MG	5	Formulary Deletion	Prior Authorization Required	06/01/2022	XPOVIO PAK	Tier 5
FARYDAK CAP 20MG	5	Formulary Deletion	Prior Authorization Required	06/01/2022	XPOVIO PAK	Tier 5

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BORTEZOMIB INJ 3.5MG	5	Formulary Addition	Prior Authorization Required	07/01/2022		
CEFEPIME HCL INJ 2GM	2	Formulary Addition		07/01/2022		
LITHIUM SOL 8MEQ/5ML	4	Formulary Addition		07/01/2022		
OTEZLA TAB 10/20/30	5	Formulary Addition	Prior Authorization Required; Quantity Limit (111 tabs every year)	07/01/2022		
OTEZLA TAB 30MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	07/01/2022		
TRIZIVIR TAB	5	Formulary Addition		07/01/2022		
VARENICLINE PAK 0.5X1MG	2	Formulary Addition		07/01/2022		
VERQUVO TAB 10MG	3	Formulary Addition		07/01/2022		
VERQUVO TAB 2.5MG	3	Formulary Addition		07/01/2022		
VERQUVO TAB 5MG	3	Formulary Addition		07/01/2022		
PREVIFEM TAB	2	Formulary Deletion		07/01/2022	SPRINTEC 28 TAB 28 DAY	Tier 2
BEXAROTENE GEL 1%	5	Formulary Addition	Prior Authorization Required; Quantity Limit (60gm every 30 days)	08/01/2022		
CEFAZOLIN INJ 2GM	2	Formulary Addition		08/01/2022		
LACOSAMIDE SOL 10MG/ML	2	Formulary Addition	Quantity Limit (1,200mL every 30 days)	08/01/2022		

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OMNIPOD 5 G6 KIT INTRO	4	Formulary Addition	Prior Authorization Required; Quantity Limit (1 kit every 365 days)	08/01/2022		
OMNIPOD 5 G6 MIS PODS	4	Formulary Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	08/01/2022		
OMNIPOD DASH KIT INTRO	4	Formulary Addition	Prior Authorization Required; Quantity Limit (1 kit every 365 days)	08/01/2022		
ONDANSETRON TAB 24MG	2	Formulary Addition	Prior Authorization Required	08/01/2022		
PEMETREXED INJ 1000MG	5	Formulary Addition	Prior Authorization Required	08/01/2022		
PEMETREXED INJ 100MG	5	Formulary Addition	Prior Authorization Required	08/01/2022		
PEMETREXED INJ 500MG	5	Formulary Addition	Prior Authorization Required	08/01/2022		
PEMETREXED INJ 750MG	5	Formulary Addition	Prior Authorization Required	08/01/2022		
PIRFENIDONE TAB 267MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (270 tabs every 30 days)	08/01/2022		
PIRFENIDONE TAB 801MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	08/01/2022		
SORAFENIB TAB 200MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (120 tabs every 30 days)	08/01/2022		
VONJO CAP 100MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (120 caps every 30 days)	08/01/2022		

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DEXILANT CAP 30MG DR	4	Formulary Deletion	Quantity Limit (30 caps every 30 days)	08/01/2022	DEXLANSOPRAZOLE CAP DR	Tier 2
DEXILANT CAP 60MG DR	4	Formulary Deletion	Quantity Limit (30 caps every 30 days)	08/01/2022	DEXLANSOPRAZOLE CAP DR	Tier 2
UKONIQ TAB 200MG	5	Formulary Deletion	Prior Authorization Required	08/01/2022	Consult Your Health Care Provider	
VIMPAT TAB 100MG	5	Formulary Deletion	Quantity Limit (60 tabs every 30 days)	08/01/2022	LACOSAMIDE TAB	Tier 2
VIMPAT TAB 150MG	5	Formulary Deletion	Quantity Limit (60 tabs every 30 days)	08/01/2022	LACOSAMIDE TAB	Tier 2
VIMPAT TAB 200MG	5	Formulary Deletion	Quantity Limit (60 tabs every 30 days)	08/01/2022	LACOSAMIDE TAB	Tier 2
VIMPAT TAB 50MG	4	Formulary Deletion	Quantity Limit (120 tabs every 30 days)	08/01/2022	LACOSAMIDE TAB	Tier 2
BIVIGAM INJ 10%	5	Formulary Addition	Prior Authorization Required	09/01/2022		
DABIGATRAN CAP 75MG	2	Formulary Addition	Quantity Limit (60 caps every 30 days)	09/01/2022		
FESOTERODINE TAB 4MG ER	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	09/01/2022		
FESOTERODINE TAB 8MG ER	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	09/01/2022		
PACLITAXEL INJ 100MG	5	Formulary Addition	Prior Authorization Required	09/01/2022		
PRIORIX INJ	3	Formulary Addition		09/01/2022		
QUADRACEL INJ 0.5ML	3	Formulary Addition		09/01/2022		
TICOVAC INJ	3	Formulary Addition		09/01/2022		
VILAZODONE TAB 10MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	09/01/2022		

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VILAZODONE TAB 20MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	09/01/2022		
VILAZODONE TAB 40MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	09/01/2022		
METHYLDOPA TAB 250MG	2	Formulary Deletion	Prior Authorization Required	09/01/2022	CLONIDINE TAB	Tier 1
METHYLDOPA TAB 500MG	2	Formulary Deletion	Prior Authorization Required	09/01/2022	CLONIDINE TAB	Tier 1
EULEXIN CAP 125MG	5	Formulary Addition		10/01/2022		
BORTEZOMIB INJ 1MG	5	Formulary Addition	Prior Authorization Required	10/01/2022		
BORTEZOMIB INJ 2.5MG	5	Formulary Addition	Prior Authorization Required	10/01/2022		
SKYRIZI SOL 60MG/ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (6 vials every year)	10/01/2022		
SKYRIZI INJ 150MG/ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (7 cartridges every 365 days)	10/01/2022		
SODIUM/POTAS SOL MAGNESIU	2	Formulary Addition		10/01/2022		
CAPLYTA CAP 10.5MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (30 caps every 30 days)	10/01/2022		
CAPLYTA CAP 21MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (30 caps every 30 days)	10/01/2022		
CALQUENCE TAB 100MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	10/01/2022		

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CAZANT PAK	2	Formulary Deletion		10/01/2022	VELIVET PAK	Tier 2
DIGOX TAB 0.25MG	2	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	10/01/2022	DIGOXIN TAB 0.125MG	Tier 2
DIGOX TAB 0.125MG	2	Formulary Deletion	Quantity Limit (30 tabs every 30 days)	10/01/2022	DIGOXIN TAB 0.25MG	Tier 2
DABIGATRAN CAP 150MG	2	Formulary Addition	Quantity Limit (60 caps every 30 days)	11/01/2022		
ZTALMY SUS 50MG/ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (1,100 mL every 30 days)	11/01/2022		
QUETIAPINE TAB 150MG	2	Formulary Addition		11/01/2022		
PIRFENIDONE TAB 534MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	11/01/2022		
LENALIDOMIDE CAP 2.5MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (28 caps every 28 days)	11/01/2022		
LENALIDOMIDE CAP 20MG	5	Formulary Addition	Prior Authorization Required; Quantity Limit (21 caps every 28 days)	11/01/2022		
IMBRUVICA SUS 70MG/ML	5	Formulary Addition	Prior Authorization Required; Quantity Limit (216 mL every 27 days)	11/01/2022		
RECOMBIVA HB INJ 5MCG/0.5	3	Formulary Addition	Prior Authorization Required	11/01/2022		
ENGERIX-B INJ 20MCG/ML	3	Formulary Addition	Prior Authorization Required	11/01/2022		
YF-VAX INJ	3	Formulary Addition		11/01/2022		

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TENIVAC INJ 5-2LF	3	Formulary Addition	Prior Authorization Required	11/01/2022		
PENTACEL INJ	3	Formulary Addition		11/01/2022		
JAVYGTOR PAK 100MG	5	Formulary Addition	Prior Authorization Required	12/01/2022		
JAVYGTOR TAB 100MG	5	Formulary Addition	Prior Authorization Required	12/01/2022		
ZONISADE SUS 100MG/5	4	Formulary Addition	Prior Authorization Required; Quantity Limit (900 mL every 30 days)	12/01/2022		
THEOPHYLLINE ELX 80/15ML	2	Formulary Addition		12/01/2022		
NORETH/ETHIN TAB FE	2	Formulary Addition		12/01/2022		