

# VIVA Medicare

## IMPORTANT 2024 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
KALYDECO GRA 5.8MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packets every 28 days)	2/1/24		
MOUNJARO INJ 2.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 5MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 7.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 10MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 12.5/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
MOUNJARO INJ 15MG/0.5	3	Formulary Addition	Prior Authorization Required, Quantity Limit (4 pens every 28 days)	2/1/24		
ROZLYTREK PAK 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (336 packets every 28 days)	2/1/24		
ZURZUVAE CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 14 days)	2/1/24		
ZURZUVAE CAP 25MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 caps every 14 days)	2/1/24		

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XALKORI CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 caps every 30 days)	2/1/24		
XALKORI CAP 150MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 caps every 30 days)	2/1/24		
ZURZUVAE CAP 30MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (14 caps every 14 days)	2/1/24		
XALKORI CAP 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (120 caps every 30 days)	2/1/24		
CEFACLOR SUS 125/5ML	4	Formulary Removal		2/1/24	CEFACLOR SUS 250MG/5ML	Tier 4
CEFACLOR SUS 375/5ML	4	Formulary Removal		2/1/24	CEFACLOR SUS 250MG/5ML	Tier 4
CEFTAZIDIME/ SOL D5W 1GM	4	Formulary Removal		2/1/24	CEFTAZIDIME INJ	Tier 4
CEFTAZIDIME/ SOL D5W 2GM	4	Formulary Removal		2/1/24	CEFTAZIDIME INJ	Tier 4
CIPROFLOXACIN TAB 100MG	4	Formulary Removal		2/1/24	CIPROFLOXACIN HCL TAB 250 MG	Tier 1
CLINDAMYCIN INJ 300/2ML	3	Formulary Removal		2/1/24	CLINDAMYCIN INJ 600MG/4ML	Tier 3
NEVIRAPINE TAB 100MG	4	Formulary Removal		2/1/24	NEVIRAPINE TAB ER 400MG	Tier 4
OLOPATADINE DRO 0.1%	3	Formulary Removal		2/1/24	AZELASTINE HCL OPTH SOLN 0.05%	Tier 3
SYMJEPI INJ 0.15MG	4	Formulary Removal		2/1/24	EPINEPHRINE INJ 0.15MG	Tier 3
SYMJEPI INJ 0.3MG	4	Formulary Removal		2/1/24	EPINEPHRINE INJ 0.3MG	Tier 3

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SYNRIBO INJ 3.5MG	5	Formulary Removal		2/1/24	ICLUSIG TAB; SCEMBLIX TAB	Tier 5
FRUZAQLA CAP 1MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (84 caps every 28 days)	3/1/24		
FRUZAQLA CAP 5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (21 caps every 28 days)	3/1/24		
TRUQAP TAB 160MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (64 tabs every 28 days)	3/1/24		
TRUQAP TAB 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (64 tabs every 28 days)	3/1/24		
AUGTYRO CAP 40MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 caps every 30 days)	3/1/24		
ZEMAIRA INJ 4000MG	5	Formulary Addition	Prior Authorization Required	3/1/24		
ZEMAIRA INJ 5000MG	5	Formulary Addition	Prior Authorization Required	3/1/24		
MORPHINE SUL INJ 50MG/ML	4	Formulary Addition	Prior Authorization Required	3/1/24		
OGSIVEO TAB 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 tabs every 30 days)	3/1/24		
AUVELITY TAB 45-105MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	3/1/24		
NORELGE/ETHI DIS 150/35	4	Formulary Addition		3/1/24		

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PENBRAYA INJ	1	Formulary Addition		3/1/24		
BROMFENAC DRO 0.07% OP	3	Formulary Addition		3/1/24		
KLAYESTA POW 100000	3	Formulary Addition	Quantity Limit (60 gm every 30 days)	3/1/24		
FLEBOGAMMA INJ DIF 5%	5	Formulary Removal		3/1/24	OCTAGAM INJ 2.5GM/50ML	Tier 5
FLEBOGAMMA INJ 10/100ML	5	Formulary Removal		3/1/24	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	Tier 5
FLEBOGAMMA INJ 20/200ML	5	Formulary Removal		3/1/24	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	Tier 5
AMABELZ TAB 1-0.5MG	3	Formulary Removal		3/1/24	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	Tier 3
PEN G PROC INJ 600000	4	Formulary Removal		3/1/24	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	Tier 4
FLEBOGAMMA INJ 5GM/50ML	5	Formulary Removal		3/1/24	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	Tier 5
GVOKE PFS INJ	3	Formulary Removal		3/1/24	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT	Tier 3
VANADOM TAB 350MG	3	Formulary Removal		3/1/24	CARISOPRODOL TAB 350 MG	Tier 3
PEMAZYRE TAB 4.5MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		

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PEMAZYRE TAB 13.5MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
PEMAZYRE TAB 9MG	5	Quantity Limit Change	Quantity Limit (28 tabs every 28 days)	3/1/24		
MIFEPRISTONE TAB 300MG	5	Formulary Addition	Prior Authorization Required	4/1/24		
OMNIPOD 5 G7 KIT INTRO	4	Formulary Addition	Prior Authorization Required, Quantity Limit (1 kit every year)	4/1/24		
OMNIPOD 5 G7 MIS PODS	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	4/1/24		
BOSULIF CAP 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (150 caps every 25 days)	4/1/24		
IWILFIN TAB 192MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (240 tabs every 30 days)	4/1/24		
LIDOCAN III PAD 5%	4	Formulary Addition	Prior Authorization Required, Quantity Limit (3 patches every 1 day)	4/1/24		
BOSULIF CAP 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (360 caps every 30 days)	4/1/24		
DABIGATRAN CAP 110MG	4	Formulary Addition	Quantity Limit (120 caps every 30 days)	4/1/24		
RISPERIDONE INJ 12.5MG	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		
RISPERIDONE INJ 25MG ER	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		
RISPERIDONE INJ 37.5MG	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		

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RISPERIDONE INJ 50MG ER	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	4/1/24		
PAXLOVID TAB 150-100	3	Formulary Addition	Quantity Limit (40 tabs every 30 days)	4/1/24		
PAXLOVID TAB 300-100	3	Formulary Addition	Quantity Limit (60 tabs every 30 days)	4/1/24		
ZENPEP CAP 60000UNT	4	Formulary Addition		4/1/24		
BROMFENAC DRO 0.075%	4	Formulary Addition		4/1/24		
SODIUM/POTAS SOL MAGNESIU	3	Formulary Addition		4/1/24		
HUMIRA PEN INJ CD/UC/HS	5	Formulary Removal		4/1/24	HUMIRA PEN INJ 40MG/0.8ML	Tier 5
PAROMOMYCIN CAP 250MG	4	Formulary Removal		4/1/24	Consult Your Health Care Provider	
DULERA AER 50-5MCG	4	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	4/1/24		
DULERA AER 200-5MCG	4	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	4/1/24		
DULERA AER 100-5MCG	4	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	4/1/24		

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