

VIVA MEDICARE

IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ADACEL INJ	3	Add to the 2018 Formulary		3/1/2018		
ADAPAL/BEN P GEL 0.1-2.5%	2	Add to the 2018 Formulary		3/1/2018		
ALIQOPA INJ 60MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
AMNESTEEM CAP 10MG	2	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
AMNESTEEM CAP 20MG	2	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
AMNESTEEM CAP 40MG	2	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
ARIPIPIRAZOLE SOL 1MG/ML	5	Add to the 2018 Formulary	Quantity Limit (900 mls per 30 days)	3/1/2018		
AUSTEDO TAB 12MG	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (120 tabs per 30 days)	3/1/2018		
AUSTEDO TAB 6MG	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (60 tabs per 30 days)	3/1/2018		
AUSTEDO TAB 9MG	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (120 tabs per 30 days)	3/1/2018		
BAXDELA INJ 300MG	5	Add to the 2018 Formulary		3/1/2018		
BAXDELA TAB 450MG	5	Add to the 2018 Formulary		3/1/2018		

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Drug Label Name		Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
BENLYSTA INJ 200MG/ML	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BENLYSTA INJ 200MG/ML	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BORTEZOMIB INJ 3.5MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BOSULIF TAB 400MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BYDUREON INJ BCISE	3	Add to the 2018 Formulary	Quantity Limit (4 pens per 28 days)	3/1/2018		
CALQUENCE CAP 100MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
CAROSPIR SUS 25MG/5ML	4	Add to the 2018 Formulary		3/1/2018		
CARVEDILOL CAP 80MG ER	2	Add to the 2018 Formulary		3/1/2018		
CASPOFUNGIN INJ 50MG	5	Add to the 2018 Formulary		3/1/2018		
CASPOFUNGIN INJ 70MG	5	Add to the 2018 Formulary		3/1/2018		
CLINDACIN-P PAD 1%	2	Add to the 2018 Formulary		3/1/2018		
DACTINOMYCIN INJ 0.5MG	5	Add to the 2018 Formulary		3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
DAPSONE GEL 5%	2	Add to the 2018 Formulary		3/1/2018		
DESO/ETHINYL TAB ESTRADIO	2	Add to the 2018 Formulary		3/1/2018		
EFAVIRENZ CAP 50MG	2	Add to the 2018 Formulary		3/1/2018		
ELETRIPTAN TAB 20MG	2	Add to the 2018 Formulary	Quantity Limit (12 tabs per 30 days)	3/1/2018		
ELETRIPTAN TAB 40MG	2	Add to the 2018 Formulary	Quantity Limit (12 tabs per 30 days)	3/1/2018		
EPCLUSA TAB 400-100	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
ESTRADIOL TAB 10MCG	2	Add to the 2018 Formulary		3/1/2018		
ETHY ETH EST TAB 1-35	2	Add to the 2018 Formulary		3/1/2018		
FASENRA INJ 30MG/ML	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
FLOLIPID SUS 20MG/5ML	4	Add to the 2018 Formulary		3/1/2018		
FLOLIPID SUS 40MG/5ML	4	Add to the 2018 Formulary		3/1/2018		
FOSAMPRENAVI TAB 700MG	5	Add to the 2018 Formulary		3/1/2018		
GLATIRAMER INJ 20MG/ML	5	Add to the 2018 Formulary	Prior Auth required; Quantity limits (30 syringes per 30 day)	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
GLATIRAMER INJ 40MG/ML	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limits (12 syringes per 30 days)	3/1/2018		
HALOPER DEC INJ 100MG/ML	2	Add to the 2018 Formulary		3/1/2018		
HARVONI TAB 90-400MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
HAVRIX INJ 1440UNIT	3	Add to the 2018 Formulary		3/1/2018		
HAVRIX INJ 720UNIT	3	Add to the 2018 Formulary		3/1/2018		
HUMALOG JR INJ 100/ML	4	Add to the 2018 Formulary		3/1/2018		
IDHIFA TAB 100MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
IDHIFA TAB 50MG	5	Add to the 2018 Formulary	Prior Auth required			
ISIBLOOM TAB 0.15-30	2	Add to the 2018 Formulary		3/1/2018		
KADCYLA INJ 160MG	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
KLOR-CON PAK 20MEQ	2	Add to the 2018 Formulary		3/1/2018		
LANTHANUM CHW 1000MG	5	Add to the 2018 Formulary		3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LANTHANUM CHW 500MG	5	Add to the 2018 Formulary		3/1/2018		
LANTHANUM CHW 750MG	5	Add to the 2018 Formulary		3/1/2018		
LEVONOR/ETHI TAB ESTRADIO	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 100MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 112MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 125MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 137MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 150MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 175MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 200 MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 25MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 300 MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 50MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 75MCG	2	Add to the 2018 Formulary		3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LEVO-T TAB 88MCG	2	Add to the 2018 Formulary		3/1/2018		
LUPR DEP-PED INJ 3M 30MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
LYNPARZA TAB 100MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
LYNPARZA TAB 150MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
MAVYRET TAB 100-40MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
MEROPENEM INJ 1GM	2	Add to the 2018 Formulary		3/1/2018		
MESALAMINE TAB 1.2GM	2	Add to the 2018 Formulary		3/1/2018		
METHOTREXATE INJ 250/10ML	2	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
METHYLPHENID CAP 30MG ER	2	Add to the 2018 Formulary	Quantity Limit (60 caps per 30 days)	3/1/2018		
MOXIFLOXACIN SOL 0.5%	2	Add to the 2018 Formulary		3/1/2018		
MYDAYIS CAP 12.5MG	4	Add to the 2018 Formulary	Quantity Limit (60 caps per 30 days)	3/1/2018		
MYDAYIS CAP 25MG	4	Add to the 2018 Formulary	Quantity Limit (60 caps per 30 days)	3/1/2018		
MYDAYIS CAP 37.5MG	4	Add to the 2018 Formulary	Quantity Limit (30 caps per 30 days)	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MYDAYIS CAP 50MG	4	Add to the 2018 Formulary	Quantity Limit (30 caps per 30 days)	3/1/2018		
MYLOTARG INJ 4.5MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
NERLYNX TAB 40MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
NYMALIZE SOL 30/10ML	5	Add to the 2018 Formulary		3/1/2018		
OSELTAMIVIR SUS 6MG/ML	2	Add to the 2018 Formulary		3/1/2018		
OXALIPLATIN INJ 100MG	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
PEG 3350 SOL ELECTROL	2	Add to the 2018 Formulary		3/1/2018		
PIPER/TAZOBA INJ 2-0.25GM	2	Add to the 2018 Formulary		3/1/2018		
PRASUGREL TAB 10MG	2	Add to the 2018 Formulary		3/1/2018		
PRASUGREL TAB 5MG	2	Add to the 2018 Formulary		3/1/2018		
PROFENO TAB 600MG	2	Add to the 2018 Formulary		3/1/2018		
RAYALDEE CAP 30MCG	4	Add to the 2018 Formulary		3/1/2018		
RETIN-A MICR GEL 0.06%	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
RITUXAN INJ 100MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
SCOPOLAMINE DIS 1MG/3DAY	4	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (10 patches per 30 days)	3/1/2018		
SEVELAMER POW 0.8GM	2	Add to the 2018 Formulary		3/1/2018		
SEVELAMER POW 2.4GM	2	Add to the 2018 Formulary		3/1/2018		
SEVELAMER TAB 800MG	2	Add to the 2018 Formulary		3/1/2018		
SYNALGOS-DC CAP	4			3/1/2018		
SYNDROS SOL 5MG/ML	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
TESTIM GEL 1%(50MG)	4	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (300 gm patches per 30 days)	3/1/2018		
TESTOSTERONE SOL 30MG/ACT	2	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (440ml per 30 days)	3/1/2018		
TIMOLOL MALE SOL 0.5%	2	Add to the 2018 Formulary		3/1/2018		
TRAMADOL HCL TAB 100MG ER	2	Add to the 2018 Formulary	Quantity Limit (90 tabs per 30 days)	3/1/2018		
TRAMADOL HCL TAB 200MG ER	2	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2018		
TRAMADOL HCL TAB 300MG ER	2	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2018		
TREANDA INJ 25MG	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TRELEGY AER ELLIPTA	3	Add to the 2018 Formulary	Quantity Limit (60 blisters per 30 days)	3/1/2018		
TREZIX CAP	2	Add to the 2018 Formulary	Quantity Limit (360 caps per 30 days)	3/1/2018		
TRISENOX INJ 12MG/6ML	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
TWINRIX INJ	3	Add to the 2018 Formulary		3/1/2018		
TYMLOS INJ	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VABOMERE INJ 2GM(1-1)	5	Add to the 2018 Formulary		3/1/2018		
VAQTA INJ 25/0.5ML	3	Add to the 2018 Formulary		3/1/2018		
VAQTA INJ 50UNT/ML	3	Add to the 2018 Formulary		3/1/2018		
VERZENIO TAB 100MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VERZENIO TAB 150MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VERZENIO TAB 200MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VERZENIO TAB 50MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VIDEX EC CAP 125MG	4	Add to the 2018 Formulary		3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
VIGABATRIN PAK 500MG	5	Add to the 2018 Formulary	Prior Auth Required Quantity Limit (180 packets per 30 days)	3/1/2018		
VIRAMUNE SUS 50MG/5ML	4	Add to the 2018 Formulary		3/1/2018		
VOGELXO GEL 1%(50MG)	4	Add to the 2018 Formulary	Prior Auth Required Quantity Limit (300 gms per 30 days)days)	3/1/2018		
VOSEVI TAB	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
XATMEP SOL 2.5MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
XULTOPHY INJ 100/3.6	3	Add to the 2018 Formulary	Quantity Limit (5 pens per 30 days)			
ZENPEP CAP 20000UNT	4	Add to the 2018 Formulary		3/1/2018		
ZEPATIER TAB 50-100MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
AMINOSYN II INJ 7%	2	Termed from formulary		3/1/2018	AMINOSYN-HBC INJ 7%	4
BROMFENAC SOL 0.09% OP	2	Termed from formulary		3/1/2018	BROMFENAC SODIUM OPHTH SOLN 0.09% (ONCE-DAILY)	2
BUDESONIDE SUS 32MCG	2	Termed from formulary		3/1/2018	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	2

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CLINDAMAX GEL 1%	2	Termed from formulary		3/1/2018	clindamycin phosphate gel 1%	2
GAVILYTE-H KIT	2	Termed from formulary		3/1/2018	GAVILYTE-G SOL	2
LOKARA LOT 0.05%	2	Termed from formulary		3/1/2018	DESONIDE LOTION 0.05%	2
LORTAB TAB 10-325MG	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	2
LORTAB TAB 5-325MG	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	2
LORTAB TAB 7.5-325	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	2
MENOMUNE INJ A/C/Y/W	3	Termed from formulary		3/1/2018	MENACTRA INJ	3
NECON TAB 1/50-28	2	Termed from formulary		3/1/2018	NEON TAB 0.5/35	2
NECON TAB 10/11-28	2	Termed from formulary		3/1/2018	NECON TAB 7/7/7	2
NUVESSA GEL 1.3%	2	Termed from formulary		3/1/2018	METRONIDAZOLE VAGINAL GEL 0.75%	2
PRIMSOL SOL 50MG/5ML	4	Termed from formulary		3/1/2018	TRIMETHOPRIM TAB 100MG	4
ZAMICET SOL 10-325MG	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	2

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ZAZOLE CRE 0.8%	2	Termed from formulary		3/1/2018	TERCONAZOLE VAGINAL CREAM 0.8%	2
ANDROGEL GEL 1.62%	3	Tier 4 to Tier 3	Prior Auth Required Quantity Limit (150 gms per 30 days)	3/1/2018		
AKTIPAK GEL 5-3%	4	Add to the 2018 Formulary		4/1/2018		
ARYMO ER TAB 15MG	4	Add to the 2018 Formulary	Quantity Limit (180 tabs per 30 days)	4/1/2018		
ARYMO ER TAB 30MG	4	Add to the 2018 Formulary	Quantity Limit (180 tabs per 30 days)	4/1/2018		
ARYMO ER TAB 60MG	5	Add to the 2018 Formulary	Quantity Limit (180 tabs per 30 days)	4/1/2018		
DUZALLO TAB 200-200	4	Add to the 2018 Formulary		4/1/2018		
DUZALLO TAB 200-300	4	Add to the 2018 Formulary		4/1/2018		
ELIQUIS ST P TAB 5MG	3	Add to the 2018 Formulary		4/1/2018		
GOCOVRI CAP 137MG	5	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2018		
GOCOVRI CAP 68.5MG	5	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	4/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
HYDROCORTISO LOT 0.1%	2	Add to the 2018 Formulary		4/1/2018		
JULUCA TAB 50-25MG	5	Add to the 2018 Formulary		4/1/2018		
KURVELO TAB 0.15/30	2	Add to the 2018 Formulary		4/1/2018		
LAMICTAL ODT KIT	4	Add to the 2018 Formulary		4/1/2018		
LEVONOR/ETHI TAB ESTRADIO	2	Add to the 2018 Formulary		4/1/2018		
MORPHINE SUL INJ 2MG/ML	4	Add to the 2018 Formulary	B vs D Prior Authorization	4/1/2018		
MORPHINE SUL INJ 4MG/ML	4	Add to the 2018 Formulary	B vs D Prior Authorization	4/1/2018		
MORPHINE SUL INJ 5MG/ML	4	Add to the 2018 Formulary	B vs D Prior Authorization	4/1/2018		
MORPHINE SUL INJ 8MG/ML	4	Add to the 2018 Formulary	B vs D Prior Authorization	4/1/2018		
MORPHINE SUL INJ 10MG/ML	4	Add to the 2018 Formulary	B vs D Prior Authorization	4/1/2018		
NOVAREL INJ 5000UNIT	4	Add to the 2018 Formulary	Prior Authorization Required	4/1/2018		
OXAYDO TAB 5MG	4	Add to the 2018 Formulary	Quantity Limit (540 tabs every 30 days)	4/1/2018		
OXAYDO TAB 7.5MG	4	Add to the 2018 Formulary	Quantity Limit (360 tabs every 30 days)	4/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
QTERN TAB 10MG/5MG	4	Add to the 2018 Formulary	Quantity Limit (30 tabs every 30 days)	4/1/2018		
ROWEEPRA XR TAB 500MG XR	2	Add to the 2018 Formulary		4/1/2018		
ROWEEPRA XR TAB 750MG XR	2	Add to the 2018 Formulary		4/1/2018		
TAPERDEX PAK 6 DAY	4	Add to the 2018 Formulary		4/1/2018		
TAPERDEX PAK 12-DAY	4	Add to the 2018 Formulary		4/1/2018		
TRACLEER TAB 32MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	4/1/2018		
TRIENTINE CAP 250MG	5	Add to the 2018 Formulary		4/1/2018		
ZENPEP CAP	4	Add to the 2018 Formulary		4/1/2018		
ZENPEP CAP 20000UNT	4	Add to the 2018 Formulary		4/1/2018		
GRASTEK SUB 2800BAU	4	Termed from formulary		4/1/2018		
RAGWITEK SUB	4	Termed from formulary		4/1/2018		
NYATA POW 100000	2	Termed from formulary		4/1/2018	NYSTATIN POW 100000	2
SOLIQUA INJ 100/33	3	Tier 4 to Tier 3		4/1/2018		
APAP/CAFFEIN TAB DIHYDROC	2	Add to the 2018 Formulary	Quantity Limit (300 tabs per 30 days)	5/1/2018		
BIKTARVY TAB	5	Add to the 2018 Formulary		5/1/2018		

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CASPOFUNGIN INJ 70MG	5	Add to the 2018 Formulary		5/1/2018		
CINVANTI INJ 130/18ML	4	Add to the 2018 Formulary		5/1/2018		
CLENPIQ SOL	4	Add to the 2018 Formulary		5/1/2018		
DALIRESP TAB 250MCG	4	Add to the 2018 Formulary		5/1/2018		
EFAVIRENZ TAB 600MG	5	Add to the 2018 Formulary		5/1/2018		
ENDARI POW 5GM	5	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
ERLEADA TAB 60MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	5/1/2018		
GLATOPA INJ 40MG/ML	5	Add to the 2018 Formulary	New Start Prior Authorization Required; Quantity Limit (12 syringes per 30 days)	5/1/2018		
HALOPERIDOL INJ 5MG/ML	2	Add to the 2018 Formulary		5/1/2018		
IMBRUVICA CAP 70MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	5/1/2018		
IMBRUVICA TAB 140MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	5/1/2018		
IMBRUVICA TAB 280MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	5/1/2018		
IMBRUVICA TAB 420MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	5/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
IMBRUVICA TAB 560MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	5/1/2018		
INGREZZA CAP 40MG	5	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (30 caps per 30 days)	5/1/2018		
INGREZZA CAP 80MG	5	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (30 caps per 30 days)	5/1/2018		
ISOTRETINOIN CAP 10MG	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
ISOTRETINOIN CAP 20MG	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
ISOTRETINOIN CAP 30MG	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
ISOTRETINOIN CAP 40MG	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
LANSOPRAZOLE TAB 15MG ODT	2	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2018		
LANSOPRAZOLE TAB 30MG ODT	2	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2018		
LEVONOR/ETHI TAB ESTRADIO	2	Add to the 2018 Formulary		5/1/2018		
LYRICA CR TAB 82.5MG	4	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (90 tabs per 30 days)	5/1/2018		
LYRICA CR TAB 165MG	4	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (90 tabs per 30 days)	5/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LYRICA CR TAB 330MG	4	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (60 tabs per 30 days)	5/1/2018		
MEMANTINE HC CAP 7MG ER	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
MEMANTINE HC CAP 14MG ER	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
MEMANTINE HC CAP 21MG ER	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
MEMANTINE HC CAP 28MG ER	2	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
OMECLAMOX- MIS PAK	4	Add to the 2018 Formulary		5/1/2018		
OZEMPIC INJ 2/1.5ML	3	Add to the 2018 Formulary	Quantity Limit (1 pen per 30 days)	5/1/2018		
OZEMPIC INJ 2/1.5ML	3	Add to the 2018 Formulary	Quantity Limit (2 pens per 30 days)	5/1/2018		
PANLOR TAB 325-30	2	Add to the 2018 Formulary	Quantity Limit (300 tabs per 30 days)	5/1/2018		
PREVYMIS INJ 240/12	5	Add to the 2018 Formulary		5/1/2018		
PREVYMIS INJ 480/24	5	Add to the 2018 Formulary		5/1/2018		
PREVYMIS TAB 240MG	5	Add to the 2018 Formulary		5/1/2018		
PREVYMIS TAB 480MG	5	Add to the 2018 Formulary		5/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
RITONAVIR TAB 100MG	2	Add to the 2018 Formulary		5/1/2018		
SEGLUROMET TAB 2.5-1000	4	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	5/1/2018		
SEGLUROMET TAB 2.5-500	4	Add to the 2018 Formulary	Quantity Limit (120 tabs per 30 days)	5/1/2018		
SEGLUROMET TAB 7.5-1000	4	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	5/1/2018		
SEGLUROMET TAB 7.5-500	4	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	5/1/2018		
SOLOSEC GRA 2GM	4	Add to the 2018 Formulary		5/1/2018		
STEGLATRO TAB 15MG	4	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2018		
STEGLATRO TAB 5MG	4	Add to the 2018 Formulary	Quantity Limit (90 tabs per 30 days)	5/1/2018		
STEGLUJAN TAB 15-100MG	4	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2018		
STEGLUJAN TAB 5-100MG	4	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	5/1/2018		
SUMAT-NAPROX TAB 85-500MG	5	Add to the 2018 Formulary	Quantity Limit (9 tabs per 30 days)	5/1/2018		
SYMPROIC TAB 0.2MG	4	Add to the 2018 Formulary	Prior Authorization Required	5/1/2018		
TIAGABINE TAB 12MG	2	Add to the 2018 Formulary		5/1/2018		
TIAGABINE TAB 16MG	2	Add to the 2018 Formulary		5/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TYDEMY TAB	2	Add to the 2018 Formulary		5/1/2018		
VYZULTA SOL 0.024%	4	Add to the 2018 Formulary		5/1/2018		
FLUNISOLIDE SPR 0.025%	2	Change in Quantity Limit	3 bottles per 30 days	5/1/2018		
AFREZZA POW 4&8 UNIT	4	Termed from formulary		5/1/2018	AFREZZA POWDER 4 (30) & 8 (60) UNIT	4
DIDANOSINE CAP 125MG	2	Termed from formulary		5/1/2018	VIDEX EC CAP 125MG	4
GENTAMICIN INJ 10MG/ML	2	Termed from formulary		5/1/2018	GENTAMICIN INJ 40MG/ML	2
SUMAVEL DOSE INJ 4MG/0.5	5	Termed from formulary		5/1/2018	SUMATRIPTAN INJ 4MG/0.5ML	2
SYNALGOS-DC CAP	4	Termed from formulary		5/1/2018	ACETAMINOPHEN- CAFFEINE- DIHYDROCODEINE CAP 320.5-30-16 MG	2
TRISENOX SOL 10MG/10M	5	Termed from formulary		5/1/2018	TRISENOX INJ 12MG/6ML	5
GANCICLOVIR INJ 500MG	2	Add to the 2018 Formulary	B vs. D Prior Authorization	6/1/2018		
IBU TAB 600MG	1	Add to the 2018 Formulary		6/1/2018		
IBU TAB 800MG	1	Add to the 2018 Formulary		6/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
KELNOR 1/50 TAB	2	Add to the 2018 Formulary		6/1/2018		
MELODETTA CHW 24 FE	2	Add to the 2018 Formulary		6/1/2018		
METHYLPHENID TAB 72MG ER	2	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	6/1/2018		
METHYPHENID CAP 10MG ER	2	Add to the 2018 Formulary	Quantity Limit (180 tabs per 30 days)	6/1/2018		
NOLIX CRE 0.05%	2	Add to the 2018 Formulary		6/1/2018		
PALONOSETRON INJ 0.25/2ML	4	Add to the 2018 Formulary		6/1/2018		
PALONOSETRON INJ 0.25MG/5	2	Add to the 2018 Formulary		6/1/2018		
QVAR REDIIHA AER 80MCG	4	Add to the 2018 Formulary	Quantity Limit (2 inhalers per 30 days)	6/1/2018		
QVAR REDIIHAL AER 40MCG	4	Add to the 2018 Formulary	Quantity Limit (2 inhalers per 30 days)	6/1/2018		
SYMFI LO TAB	5	Add to the 2018 Formulary		6/1/2018		
TASIGNA CAP 50MG	5	Add to the 2018 Formulary	New Start Prior Authorization Required	6/1/2018		
ZENPEP CAP 10000UNT	4	Add to the 2018 Formulary		6/1/2018		
ACE ACD/ALUM SOL 2% OTIC	2	Termed from formulary		6/1/2018	ACETIC ACID OTIC SOLN 2%	2

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
BUPHENYL TAB 500MG	5	Termed from formulary	Prior Authorization Required	6/1/2018	SODIUM PHENYLBUTYRATE TAB 500 MG	5
COPAXONE INJ 40MG/ML	5	Termed from formulary	New Start Prior Authorization Required; Quantity Limit (12 syringes per 30 days)	6/1/2018	GLATIRAMER INJ 40MG/ML	5
COREG CR CAP 10MG	4	Termed from formulary		6/1/2018	CARVEDILOL PHOSPHATE ER 24HR 10MG CAP	2
COREG CR CAP 20MG	4	Termed from formulary		6/1/2018	CARVEDILOL PHOSPHATE ER 24HR 20MG CAP	2
COREG CR CAP 40MG	4	Termed from formulary		6/1/2018	CARVEDILOL PHOSPHATE ER 24HR 40MG CAP	2
COREG CR CAP 80MG	4	Termed from formulary		6/1/2018	CARVEDILOL PHOSPHATE ER 24HR 80 MG CAP	2
EFFIENT TAB 5MG	4	Termed from formulary		6/1/2018	PRASUGREL 5MG TAB	2
EFFIENT TAB 10MG	4	Termed from formulary		6/1/2018	PRASUGREL 10MG TAB	2
GENGRAF CAP 50MG	2	Termed from formulary	B vs. D Prior Authorization	6/1/2018	CYCLOSPORINE MODIFIED CAP 50 MG	2

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ISTALOL SOL 0.5% OP	3	Termed from formulary		6/1/2018	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	2
LIALDA TAB 1.2GM	4	Termed from formulary		6/1/2018	MESALAMINE TAB 1.2GM	2
NEVIRAPINE SUS 50MG/5ML	2	Termed from formulary		6/1/2018	VIRAMUNE SUSP 50MG/5ML	4
OXYCODONE/ SOL APAP	2	Termed from formulary	Quantity Limit (1800mL per 30 days)	6/1/2018	OXYCODONE HCL SOLN 5 MG/5ML	2
RELPAX TAB 20MG	4	Termed from formulary	Quantity Limit (12 tabs per 30 days)	6/1/2018	ELETRIPTAN 20MG TAB	2
RELPAX TAB 40MG	4	Termed from formulary	Quantity Limit (12 tabs per 30 days)	6/1/2018	ELETRIPTAN 40MG TAB	2
RENVELA PAK 0.8GM	3	Termed from formulary		6/1/2018	SEVELAMER CARBONATE PACKET	2
RENVELA PAK 2.4GM	3	Termed from formulary		6/1/2018	SEVELAMER CARBONATE PACKET	2
RENVELA TAB 800MG	3	Termed from formulary		6/1/2018	SEVELAMER CARBONATE TAB 800 MG	2
REYATAZ CAP 150MG	5	Termed from formulary		6/1/2018	ATAZANAVIR 150MG CAP	5
REYATAZ CAP 200MG	5	Termed from formulary		6/1/2018	ATAZANAVIR 200MG CAP	5

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
REYATAZ CAP 300MG	5	Termed from formulary		6/1/2018	ATAZANAVIR 300MG CAP	5
SABRIL POW 500MG	5	Termed from formulary	New Start Prior Authorization; Quantity Limit (180 packets per 30 days)	6/1/2018	VIGABATRIN POWDER PACK 500MG	5
SUSTIVA CAP 200MG	5	Termed from formulary		6/1/2018	EFAVIRENZ CAP 200 MG	5
SUSTIVA CAP 50MG	4	Termed from formulary		6/1/2018	EFAVIRENZ CAP 50 MG	2
TAMIFLU SUS 6MG/ML	3	Termed from formulary		6/1/2018	OSELTAMIVIR PHOSPHATE SUSP 6 MG/ML	2
TRANSDERM-SC DIS 1.5MG	4	Termed from formulary	Prior Authorization Required; Quantity Limit (10 patches per 30 days)	6/1/2018	SCOPOLAMINE PATCH	4
VIGAMOX DRO 0.5%	3	Termed from formulary		6/1/2018	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	2
ZIAGEN SOL 20MG/ML	3	Termed from formulary		6/1/2018	ABACAVIR SOLN 20MG/ML	2
ZMAX SUS 2GM	4	Termed from formulary		6/1/2018	AZITHROMYCIN SUSP	2
DICLOFENAC GEL 1%	2	Termed Prior Authorization		6/1/2018		
LIDOCAINE OINT 5%	2	Termed Quantity Limit	Prior Authorization Required	6/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
COLESEVELAM TAB 625MG	2	Add to the 2018 Formulary		7/1/2018		
CYCLOPHOSPH CAP 25MG	2	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
CYCLOPHOSPH CAP 50MG	2	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
DOCETAXEL INJ 160/16ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
DOCETAXEL INJ 20MG/2ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
DOCETAXEL INJ 80MG/8ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
GLIPIZIDE XL TAB 10MG	1	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	7/1/2018		
HUMIRA INJ 10/0.1ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (2 injections per 30 days)	7/1/2018		
HUMIRA INJ 20/0.2ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (2 injections per 30 days)	7/1/2018		
HUMIRA INJ 40/0.4ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (6 injections per 30 days)	7/1/2018		
HUMIRA PEDIA INJ CROHNS	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		
HUMIRA PEDIA INJ CROHNS	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
HUMIRA PEN INJ 40/0.4ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (6 injections per 30 days)	7/1/2018		
MIGLUSTAT CAP 100MG	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		
NARCAN SPR	3	Add to the 2018 Formulary		7/1/2018		
PRAZIQUANTEL TAB 600MG	2	Add to the 2018 Formulary		7/1/2018		
SYMDEKO TAB 100-150	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		
TOPOTECAN INJ 4MG/4ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
TRI-VYLIBRA TAB	2	Add to the 2018 Formulary		7/1/2018		
TROGARZO INJ 150MG/ML	5	Add to the 2018 Formulary		7/1/2018		
VYLIBRA TAB 0.25-35	2	Add to the 2018 Formulary		7/1/2018		
ZENPEP CAP 15000UNT	4	Add to the 2018 Formulary		7/1/2018		
ZENPEP CAP 3000UNIT	4	Add to the 2018 Formulary		7/1/2018		
ACYCLOVIR NA INJ 500MG	2	Termed from formulary	B vs D Prior Auth	7/1/2018	ACYCLOVIR SODIUM INJ 50MG/ML	2

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
METHOTREXATE INJ 100/4ML	2	Termed from formulary	B vs D Prior Auth	7/1/2018	METHOTREXATE INJ 50MG/2ML	2
METHOTREXATE INJ 200/8ML	2	Termed from formulary	B vs D Prior Auth	7/1/2018	METHOTREXATE INJ 50MG/2ML	2
ONMEL TAB 200MG	5	Termed from formulary	Prior Auth Required	7/1/2018	ITRACONAZOLE CAP 100MG	2
AKYNZEO CAP 300-0.5	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
AKYNZEO INJ 235-0.25	4	Add to the 2018 Formulary		8/1/2018		
ARNUITY ELPT INH 50MCG	3	Add to the 2018 Formulary	Quantity Limit (1 inhaler per 30 days)	8/1/2018		
BACLOFEN TAB 5MG	2	Add to the 2018 Formulary		8/1/2018		
LONHALA MAGN SOL 25MCG	5	Add to the 2018 Formulary		8/1/2018		
LONHALA MAGN SOL 25MCG	5	Add to the 2018 Formulary		8/1/2018		
METHYLERGON TAB 0.2MG	4	Add to the 2018 Formulary		8/1/2018		
MILI TAB 0.25/35	2	Add to the 2018 Formulary		8/1/2018		
MORPHINE SUL INJ 10MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 2MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 4MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MORPHINE SUL INJ 5MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 8MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
NATROBA SUS 0.9%	4	Add to the 2018 Formulary		8/1/2018		
NORVIR POW 100MG	3	Add to the 2018 Formulary		8/1/2018		
SYMFI TAB	5	Add to the 2018 Formulary		8/1/2018		
TRI-MILI TAB	2	Add to the 2018 Formulary		8/1/2018		
XHANCE MIS 93MCG	4	Add to the 2018 Formulary	Quantity Limit (2 bottles per 30 days)	8/1/2018		
ZYPITAMAG TAB 1MG	4	Add to the 2018 Formulary	Step Therapy Required	8/1/2018		
ZYPITAMAG TAB 2MG	4	Add to the 2018 Formulary	Step Therapy Required	8/1/2018		
ZYPITAMAG TAB 4MG	4	Add to the 2018 Formulary	Step Therapy Required	8/1/2018		
CIPROFLOXACN INJ 200MG	2	Termed from formulary		8/1/2018	CIPROFLOXACN INJ 200MG IN D5W	2
CIPROFLOXACN INJ 400MG	2	Termed from formulary		8/1/2018	CIPROFLOXACN INJ 400MG IN D5W	2
PCE TAB 333MG EC	4	Termed from formulary		8/1/2018	ERYTHROMYCIN CAP	2

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PCE TAB 500MG EC	4	Termed from formulary		8/1/2018	ERYTHROMYCIN CAP	2
PHENERGAN SUP 12.5MG	4	Termed from formulary	Prior Authorization Required	8/1/2018	PROMETHAZINE SUPP	4
PHENERGAN SUP 25MG	4	Termed from formulary	Prior Authorization Required	8/1/2018	PROMETHAZINE SUPP	4
PHENERGAN SUP 50MG	4	Termed from formulary	Prior Authorization Required	8/1/2018	PROMETHAZINE SUPP	4
FLUOXETINE TAB 60MG	2	Tier 4 to Tier 2		8/1/2018		
CYCLOPHOSPH CAP 25MG	2	Tier 4 to Tier 2	B vs D Prior Auth	8/1/2018		
CYCLOPHOSPH CAP 50MG	2	Tier 4 to Tier 2	B vs D Prior Auth	8/1/2018		
LYRICA CR TAB 165MG	3	Tier 4 to Tier 3	Prior Authorization Required; Quantity Limit (90 tabs per 30 days)	8/1/2018		
LYRICA CR TAB 330MG	3	Tier 4 to Tier 3	Prior Authorization Required; Quantity Limit (60 tabs per 30 days)	8/1/2018		
LYRICA CR TAB 82.5MG	3	Tier 4 to Tier 3	Prior Authorization Required; Quantity Limit (90 tabs per 30 days)	8/1/2018		
MOXIFLOXACIN INJ 400/250	2	Tier 4 to Tier 2		8/1/2018		
METHADONE INJ 10MG/ML	2	Tier 4 to Tier 2		8/1/2018		
BUDESONIDE TAB ER 9MG	5	Add to the 2018 Formulary		9/1/2018		
CIMDUO TAB 300-300	5	Add to the 2018 Formulary		9/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CLINDAM/BENZ GEL 1.2-2.5%	2	Add to the 2018 Formulary		9/1/2018		
COLESEVELAM PAK 3.75	2	Add to the 2018 Formulary		9/1/2018		
ERTAPENEM INJ 1GM	2	Add to the 2018 Formulary		9/1/2018		
HEP SOD/NACL INJ 25000UNT	3	Add to the 2018 Formulary		9/1/2018		
LULICONAZOLE CRE 1%	2	Add to the 2018 Formulary		9/1/2018		
OSMOLEX ER TAB 129MG	4	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	9/1/2018		
OSMOLEX ER TAB 193MG	4	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	9/1/2018		
OSMOLEX ER TAB 258MG	4	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (30 tabs per 30 days)	9/1/2018		
SUBVENITE KIT START 35	2	Add to the 2018 Formulary		9/1/2018		
SUBVENITE KIT START 49	2	Add to the 2018 Formulary		9/1/2018		
SUBVENITE KIT START 98	2	Add to the 2018 Formulary		9/1/2018		
SUBVENITE TAB 150MG	1	Add to the 2018 Formulary		9/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
SUBVENITE TAB 200MG	1	Add to the 2018 Formulary		9/1/2018		
TULANA TAB 0.35MG	2	Add to the 2018 Formulary		9/1/2018		
XELJANZ TAB 10MG	5	Add to the 2018 Formulary	Prior Authorization Required; Quantity Limit (60 tabs per 30 days)	9/1/2018		
CEFTIN SUS 125/5ML	4	Termed from formulary		9/1/2018	CEFUROXIME TAB 250MG	2
CEFTIN SUS 250/5ML	4	Termed from formulary		9/1/2018	CEFUROXIME TAB 250MG	2
DESMOPRESSIN SOL 0.01%	2	Termed from formulary		9/1/2018	DESMOPRESSIN SPR 0.01%	2
GLEOSTINE CAP 5MG	4	Termed from formulary		9/1/2018	GLEOSTINE CAP 10MG	4
ARISTADA INJ INITIO	5	Add to the 2018 Formulary		10/1/2018		
BRAFTOVI CAP 50MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	10/1/2018		
CIPROFLOXACN SOL 0.2%	2	Add to the 2018 Formulary		10/1/2018		
DESOXIMETASO SPR 0.25%	2	Add to the 2018 Formulary		10/1/2018		
DOPTELET TAB 20MG	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
GLYCATE TAB 1.5MG	4	Add to the 2018 Formulary		10/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
HEPARIN/NACL INJ 25000UNT	3	Add to the 2018 Formulary		10/1/2018		
HUMIRA PEN KIT CD/UC/HS	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
HUMIRA PEN KIT PS/UV	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
HYDROMORPHON INJ 1MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	10/1/2018		
HYDROMORPHON INJ 2MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	10/1/2018		
HYDROMORPHON INJ 4MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	10/1/2018		
INTRAROSA SUP 6.5MG	4	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
JYNARQUE PAK 45-15MG	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
JYNARQUE PAK 60-30MG	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
JYNARQUE PAK 90-30MG	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
KAPSPARGO CAP 100MG	4	Add to the 2018 Formulary		10/1/2018		
KAPSPARGO CAP 200MG	4	Add to the 2018 Formulary		10/1/2018		
KAPSPARGO CAP 25MG	4	Add to the 2018 Formulary		10/1/2018		
KAPSPARGO CAP 50MG	4	Add to the 2018 Formulary		10/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LUCEMYRA TAB 0.18MG	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (228 tabs every 14 days)	10/1/2018		
MEKTOVI TAB 15MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	10/1/2018		
NEVIRAPINE SUS 50MG/5ML	2	Add to the 2018 Formulary		10/1/2018		
NIVA-PLUS TAB	2	Add to the 2018 Formulary		10/1/2018		
NUPLAZID CAP 34MG	5	Add to the 2018 Formulary	New Start Prior Auth Required; Quantity Limit (30 caps every 30 days)	10/1/2018		
NUPLAZID TAB 10MG	5	Add to the 2018 Formulary	New Start Prior Auth Required; Quantity Limit (30 tabs every 30 days)	10/1/2018		
O-CAL FA TAB	2	Add to the 2018 Formulary		10/1/2018		
ORKAMBI GRA 100-125	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
ORKAMBI GRA 150-188	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
OSPHENA TAB 60MG	4	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
PALYNZIQ INJ 10/0.5ML	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
PALYNZIQ INJ 2.5/0.5	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		

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IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PALYNZIQ INJ 20MG/ML	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
PNV FOLIC AC TAB + IRON	2	Add to the 2018 Formulary		10/1/2018		
PNV PRENATAL TAB PLUS	2	Add to the 2018 Formulary		10/1/2018		
POT CHLORIDE SOL 20%	2	Add to the 2018 Formulary		10/1/2018		
PRENATAL TAB 27-1MG	2	Add to the 2018 Formulary		10/1/2018		
PRENATAL TAB PLUS	2	Add to the 2018 Formulary		10/1/2018		
PRENATAL VIT TAB LOW IRON	2	Add to the 2018 Formulary		10/1/2018		
PREPLUS TAB 27-1MG	2	Add to the 2018 Formulary		10/1/2018		
RHOPRESSA SOL 0.02%	4	Add to the 2018 Formulary		10/1/2018		
SPIRIVA SPR 2.5MCG	4	Add to the 2018 Formulary	Quantity Limit (2 inhalers every 30 days)	10/1/2018		
STIOLTO AER 2.5-2.5	4	Add to the 2018 Formulary	Quantity Limit (2 inhalers every 30 days)	10/1/2018		
SUBVENITE TAB 100MG	1	Add to the 2018 Formulary		10/1/2018		
SUBVENITE TAB 25MG	1	Add to the 2018 Formulary		10/1/2018		
SYM TUZA TAB	5	Add to the 2018 Formulary		10/1/2018		

VIVA MEDICARE

IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TADALAFIL TAB 20MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	10/1/2018		
TEMSIROLIMUS SOL 25MG/ML	5	Add to the 2018 Formulary	B vs D Prior Auth	10/1/2018		
TRANSDERM-SC DIS 1.5MG	4	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (10 patches every 30 days)	10/1/2018		
TRICARE TAB PRENATAL	2	Add to the 2018 Formulary		10/1/2018		
VOL-PLUS TAB	2	Add to the 2018 Formulary		10/1/2018		
AVELOX INJ	4	Termed from formulary		10/1/2018	MOXIFLOXACIN HCL 400 MG/250ML IN SODIUM CHLORIDE	2
MORPHABOND TAB 30MG ER	4	Change in Quantity Limit	90 tabs per 30 days	10/1/2018		
MORPHABOND TAB 15MG ER	4	Change in Quantity Limit	90 tabs per 30 days	10/1/2018		
MORPHABOND TAB 60MG ER	5	Change in Quantity Limit	90 tabs per 30 days	10/1/2018		
MORPHABOND TAB 100MG ER	5	Change in Quantity Limit	90 tabs per 30 days	10/1/2018		
ADAPALENE SOL 0.1%	5	Add to the 2018 Formulary		11/1/2018		
AURYXIA TAB 210MG	5	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		

VIVA MEDICARE

IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CROTAN LOT 10%	2	Add to the 2018 Formulary		11/1/2018		
DALFAMPRIDIN TAB 10MG ER	5	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		
DEXAMETHASON TAB 10-DAY	2	Add to the 2018 Formulary		11/1/2018		
DEXAMETHASON TAB 13-DAY	2	Add to the 2018 Formulary		11/1/2018		
DEXAMETHASON TAB 6-DAY	2	Add to the 2018 Formulary		11/1/2018		
DORZOL/TIMOL SOL 22.3-6.8	2	Add to the 2018 Formulary		11/1/2018		
IMIQUIMOD CRE 3.75%PMP	5	Add to the 2018 Formulary		11/1/2018		
IMVEXXY MAIN SUP 10MCG	4	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		
IMVEXXY STRT SUP 4MCG	4	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		
INCASSIA TAB 0.35MG	2	Add to the 2018 Formulary		11/1/2018		
KETOPROFEN CAP 25MG	2	Add to the 2018 Formulary		11/1/2018		
LENVIMA CAP 12MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	11/1/2018		
LENVIMA CAP 4MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	11/1/2018		
LEVOLEUCOVOR SOL 250MG/25	2	Add to the 2018 Formulary	B vs. D Prior Auth Required	11/1/2018		

VIVA MEDICARE

IMPORTANT 2018 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LOKELMA PAK 10GM	4	Add to the 2018 Formulary		11/1/2018		
LOKELMA PAK 5GM	4	Add to the 2018 Formulary		11/1/2018		
PLENVU SOL	4	Add to the 2018 Formulary		11/1/2018		
PLIXDA PAD 0.1%SWAB	4	Add to the 2018 Formulary		11/1/2018		
SIGNIFOR LAR INJ 10MG	5	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		
SIGNIFOR LAR INJ 30MG	5	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		
TIBSOVO TAB 250MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	11/1/2018		
VANCOMYCIN INJ 250MG	4	Add to the 2018 Formulary		11/1/2018		
ZEMDRI INJ 500MG/10	5	Add to the 2018 Formulary		11/1/2018		
ZYCLARA CRE 3.75%	5	Add to the 2018 Formulary		11/1/2018		
ACIPHEX SPR CAP 10MG	4	Termed from formulary		11/1/2018	OMEPRAZOLE CAP	1
ACIPHEX SPR CAP 5MG	4	Termed from formulary		11/1/2018	OMEPRAZOLE CAP	1