

VIVA MEDICARE

IMPORTANT 2019 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ABIRATERONE TAB 250MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
ALBENDAZOLE TAB 200MG	5	Add to 2019 Formulary		2/1/2019		
AZELAIC ACID GEL 15%	2	Add to 2019 Formulary		2/1/2019		
BUPROPION TAB 450MG ER	2	Add to 2019 Formulary	Quantity Limit (30 tabs per 30 days)	2/1/2019		
CLOBAZAM SUS 2.5MG/ML	2	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
CLOBAZAM TAB 10MG	2	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
CLOBAZAM TAB 20MG	2	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
COPIKTRA CAP 15MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
COPIKTRA CAP 25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
DALFAMPRIDIN TAB 10MG ER	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
DAPTOMYCIN SOL 350MG	5	Add to 2019 Formulary		2/1/2019		
DELSTRIGO TAB	5	Add to 2019 Formulary		2/1/2019		
DVORAH TAB	2	Add to 2019 Formulary	Quantity Limit (300 tabs per 30 days)	2/1/2019		

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EPIDIOLEX SOL 100MG/ML	5	Add to 2019 Formulary	New Start Prior Authorization Required; Quantity Limit (600mL per 30 days)	2/1/2019		
FLAC OIL 0.01%	2	Add to 2019 Formulary		2/1/2019		
GEMCITABINE INJ 200MG	2	Add to 2019 Formulary	B vs. D Prior Authorization	2/1/2019		
GEMCITABINE INJ 2GM/20ML	2	Add to 2019 Formulary	B vs. D Prior Authorization	2/1/2019		
GRANIX INJ 300/1ML	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
GRANIX INJ 480/1.6	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
IMVEXXY MAIN SUP 4MCG	4	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
IMVEXXY STRT SUP 10MCG	4	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
ITRACONAZOLE SOL 10MG/ML	5	Add to 2019 Formulary		2/1/2019		
M-NATAL PLUS TAB	3	Add to 2019 Formulary		2/1/2019		
MOLINDONE TAB HCL 10MG	2	Add to 2019 Formulary		2/1/2019		
MOLINDONE TAB HCL 25MG	2	Add to 2019 Formulary		2/1/2019		
MOLINDONE TAB HCL 5MG	2	Add to 2019 Formulary		2/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
MONDOXYNE NL CAP 100MG	2	Add to 2019 Formulary		2/1/2019		
MONDOXYNE NL CAP 75MG	2	Add to 2019 Formulary		2/1/2019		
MORPHINE SUL CAP 40MG ER	5	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	2/1/2019		
NOVOLIN INJ FLEXPEN RELION	4	Add to 2019 Formulary		2/1/2019		
NOVOLIN INJ FLEXPEN	3	Add to 2019 Formulary		2/1/2019		
ORLISSA TAB 150MG	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
ORLISSA TAB 200MG	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
PALONOSETRON SOL 0.25/5ML	4	Add to 2019 Formulary		2/1/2019		
PIFELTRO TAB 100MG	5	Add to 2019 Formulary		2/1/2019		
RELEXXII TAB 72MG	2	Add to 2019 Formulary	Quantity Limit (30 tabs per 30 days)	2/1/2019		
SILODOSIN CAP 4MG	2	Add to 2019 Formulary		2/1/2019		
SILODOSIN CAP 8MG	2	Add to 2019 Formulary		2/1/2019		
SOTALOL AF TAB 120MG	2	Add to 2019 Formulary		2/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
TALZENNA CAP 0.25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
TALZENNA CAP 1MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
TESTOSTERONE GEL 1.62%	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (150 grams per 30 days)	2/1/2019		
VIZIMPRO TAB 15MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
VIZIMPRO TAB 30MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
VIZIMPRO TAB 45MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
XARELTO TAB 2.5MG	3	Add to 2019 Formulary		2/1/2019		
XOFLUZA TAB 20MG	4	Add to 2019 Formulary		2/1/2019		
XOFLUZA TAB 40MG	4	Add to 2019 Formulary		2/1/2019		
ZORTRESS TAB 1MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	2/1/2019		
AFEDITAB TAB 60MG CR	2	Removed from 2019 Formulary		2/1/2019	NIFEDIPINE TAB 60MG ER	2
CEFOTAXIME INJ 2GM	2	Removed from 2019 Formulary		2/1/2019	CEFOTAXIME INJ 500MG	2
CLINIMIX INJ 2.75/D5W	4	Removed from 2019 Formulary	B vs. D Prior Authorization	2/1/2019	CLINIMIX INJ 4.25/D5W	4

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
CLINIMIX INJ 4.25/D20	4	Removed from 2019 Formulary	B vs. D Prior Authorization	2/1/2019	CLINIMIX INJ 5%/D20W	4
GIAZO TAB 1.1GM	5	Removed from 2019 Formulary		2/1/2019	BALSALAZIDE CAP 750MG	2
HEXALEN CAP 50MG	5	Removed from 2019 Formulary		2/1/2019		
KIMIDESS TAB	2	Removed from 2019 Formulary		2/1/2019	KARIVA TAB	2
NORVIR CAP 100MG	3	Removed from 2019 Formulary		2/1/2019	RITONAVIR TAB 100MG	2
PANLOR TAB 325-30	2	Removed from 2019 Formulary	Quantity Limit (300 tabs per 30 days)	2/1/2019	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 325-30-16 MG	2
VERSACLOZ SUS 50MG/ML	5	Removed from 2019 Formulary	New Start Prior Authorization Required; Quantity Limit (600mL per 30 days)	2/1/2019	CLOZAPINE TAB 25MG ODT	2
ZOMETA INJ 4MG/100	5	Removed from 2019 Formulary	B vs. D Prior Authorization	2/1/2019	ZOLEDRONIC INJ 5/100ML	2
GENOTROPIN INJ 0.2MG	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2019		
AFREZZA POW 8&12UNIT	5	Add to 2019 Formulary		3/1/2019		
ALBUTEROL AER HFA	2	Add to 2019 Formulary	Quantity Limit (2 inhalers per 30 days)	3/1/2019		
ALTRENO LOT 0.05%	4	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
CINACALCET TAB 30MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	3/1/2019		
CINACALCET TAB 60MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	3/1/2019		
CINACALCET TAB 90MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	3/1/2019		
CORZIDE TAB 80-5MG	4	Add to 2019 Formulary		3/1/2019		
GALAFOLD CAP 123MG	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
HAILEY 24 TAB FE	2	Add to 2019 Formulary		3/1/2019		
LIBTAYO INJ 350/7ML	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
LORBRENA TAB 100MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
LORBRENA TAB 25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
MESALAMINE SUP 1000MG	2	Add to 2019 Formulary		3/1/2019		
MORPHINE SUL CAP 40MG ER	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (60 caps per 30 days)	3/1/2019		
MULPLETA TAB 3MG	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
PANZYGA SOL 10GM/100	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		

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PANZYGA SOL 1GM/10ML	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
PANZYGA SOL 2.5GM/25	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
PANZYGA SOL 20GM/200	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
PANZYGA SOL 30GM/300	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
PANZYGA SOL 5GM/50ML	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
PERSERIS INJ 120MG	5	Add to 2019 Formulary	Quantity Limit (1 injection per 30 days)	3/1/2019		
PERSERIS INJ 90MG	5	Add to 2019 Formulary	Quantity Limit (1 injection per 30 days)	3/1/2019		
POTELIGEO INJ 20MG/5ML	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
RETACRIT INJ 10000UNT	4	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
RETACRIT INJ 2000UNIT	4	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
RETACRIT INJ 3000UNIT	4	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
RETACRIT INJ 40000UNT	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
RETACRIT INJ 4000UNIT	4	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
TAKHZYRO INJ 300/2ML	5	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (2 vials per 30 days)	3/1/2019		
TRI-ESTARYLL TAB	2	Add to 2019 Formulary		3/1/2019		
VANCOMYCIN SOL 1.25GM	4	Add to 2019 Formulary		3/1/2019		
VANCOMYCIN SOL 1.5GM	4	Add to 2019 Formulary		3/1/2019		
VITRAKVI CAP 100MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
VITRAKVI CAP 25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
VITRAKVI SOL 20MG/ML	5	Add to 2019 Formulary	New Start Prior Authorization Required	3/1/2019		
XEPI CRE 1%	4	Add to 2019 Formulary		3/1/2019		
XOLAIR INJ 150MG/ML	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
XOLAIR INJ 75/0.5	5	Add to 2019 Formulary	Prior Authorization Required	3/1/2019		
ACETASOL HC SOL OTIC	2	Removed from 2019 Formulary		3/1/2019	HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%	2
AFEDITAB TAB 30MG CR	2	Removed from 2019 Formulary		3/1/2019	NIFEDIPINE TAB 30MG ER	2
CLINIMIX E INJ 5%/D25W	4	Removed from 2019 Formulary	B vs. D Prior Authorization	3/1/2019	CLINIMIX E INJ 5%/D20W	4

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
GRANISETRON INJ 0.1MG/ML	2	Removed from 2019 Formulary		3/1/2019	GRANISETRON INJ 1MG/ML	2
INVANZ INJ 1GM	4	Removed from 2019 Formulary		3/1/2019	ERTAPENEM INJ 1GM	2
INVIRASE CAP 200MG	5	Removed from 2019 Formulary		3/1/2019	INVIRASE TAB 500MG	5
LYNPARZA CAP 50MG	5	Removed from 2019 Formulary	New Start Prior Authorization Required	3/1/2019	LYNPARZA TAB	5
METIPRANOLOL SOL 0.3% OPH	2	Removed from 2019 Formulary		3/1/2019	BETAXOLOL SOLN 0.5% OPHTH	2
MODERIBA PAK 800/DAY	5	Removed from 2019 Formulary		3/1/2019	RIBASPHERE TAB 400MG	5
MODERIBA TAB 1000/DAY	5	Removed from 2019 Formulary		3/1/2019	RIBAPAK TAB 1000/DAY	5
MODERIBA TAB 600/DAY	5	Removed from 2019 Formulary		3/1/2019	RIBAPAK TAB 600/DAY	5
POLYETH GLYC POW 3350	2	Removed from 2019 Formulary		3/1/2019	LACTULOSE SOLUTION 10 GM/15ML	2
ZENCHENT TAB	2	Removed from 2019 Formulary		3/1/2019	VYFEMLA TAB 0.4-35	2
ZERIT SOL 1MG/ML	5	Removed from 2019 Formulary		3/1/2019	STAVUDINE CAP	2
ACYCLOVIR CRE 5%	5	Add to 2019 Formulary		4/1/2019		
ALBUTEROL AER HFA	2	Add to 2019 Formulary	Quantity Limit (2 inhalers per 30 days)	4/1/2019		
ALYQ TAB 20MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
ARIKAYCE SUS	5	Add to 2019 Formulary	Prior Authorization Required	4/1/2019		
BUPRENORPHIN DIS 10MCG/HR	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (4 patches per 30 days)	4/1/2019		
BUPRENORPHIN DIS 15MCG/HR	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (4 patches per 30 days)	4/1/2019		
BUPRENORPHIN DIS 20MCG/HR	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (4 patches per 30 days)	4/1/2019		
BUPRENORPHIN DIS 5MCG/HR	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (4 patches per 30 days)	4/1/2019		
BUPRENORPHIN DIS 7.5/HR	2	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (4 patches per 30 days)	4/1/2019		
CLODERM CRE 0.1%	4	Add to 2019 Formulary		4/1/2019		
DAURISMO TAB 100MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		
DAURISMO TAB 25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
FIRVANQ SOL 25MG/ML	4	Add to 2019 Formulary		4/1/2019		
FIRVANQ SOL 50MG/ML	4	Add to 2019 Formulary		4/1/2019		
KHAPZORY SOL 175MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	4/1/2019		
KHAPZORY SOL 300MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	4/1/2019		
NAFCILLIN INJ 10GM	4	Add to 2019 Formulary		4/1/2019		
NITYR TAB 10MG	5	Add to 2019 Formulary	Prior Authorization Required	4/1/2019		
NITYR TAB 2MG	5	Add to 2019 Formulary	Prior Authorization Required	4/1/2019		
NITYR TAB 5MG	5	Add to 2019 Formulary	Prior Authorization Required	4/1/2019		
PROMACTA POW 12.5MG	5	Add to 2019 Formulary	Prior Authorization Required; Quantity Limit (360 packets per 30 days)	4/1/2019		
SEEBRI NEOHA CAP 15.6MCG	4	Add to 2019 Formulary	Quantity Limit (60 caps per 30 days)	4/1/2019		
SEVELAMER TAB 400MG	2	Add to 2019 Formulary		4/1/2019		
SEVELAMER TAB 800MG	2	Add to 2019 Formulary		4/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
SIROLIMUS SOL 1MG/ML	5	Add to 2019 Formulary	B vs. D Prior Authorization	4/1/2019		
SUMATRIPTAN INJ 6MG/0.5	2	Add to 2019 Formulary	Quantity Limit (12 injections per 30 days)	4/1/2019		
SYMPAZAN MIS 10MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		
SYMPAZAN MIS 20MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		
SYMPAZAN MIS 5MG	4	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		
TIROSINT CAP 175MCG	4	Add to 2019 Formulary		4/1/2019		
TIROSINT CAP 200	4	Add to 2019 Formulary		4/1/2019		
TOREMIFENE TAB 60MG	5	Add to 2019 Formulary		4/1/2019		
TRESIBA INJ 100UNIT	3	Add to 2019 Formulary		4/1/2019		
TRI-VYLIBRA TAB LO	2	Add to 2019 Formulary		4/1/2019		
UTIBRON CAP NEOHALER	4	Add to 2019 Formulary	Quantity Limit Required (60 caps per 30 days)	4/1/2019		
VERSACLOZ SUS 50MG/ML	5	Add to 2019 Formulary	New Start Prior Authorization Required; Quantity Limit Required (600mL per 30 days)	4/1/2019		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
VIGABATRIN TAB 500MG	5	Add to 2019 Formulary	New Start Prior Authorization Required; Quantity Limit Required (180 tabs per 30 days)	4/1/2019		
XOSPATA TAB 40MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	4/1/2019		
MODERIBA TAB 200MG	2	Removed from 2019 Formulary		4/1/2019	RIBAVIRIN TAB 200MG	2
MODERIBA PAK 1200/DAY	5	Removed from 2019 Formulary		4/1/2019	RIBASPHERE TAB 600MG	5