

## 2022 Changes to VIVA MEDICARE *Premier* (HMO) and VIVA MEDICARE *Preferred* (HMO) Formulary

VIVA MEDICARE *Premier* (HMO) and VIVA MEDICARE *Preferred* (HMO) may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, depending on the type of change, there may be different options to consider. For example:

You may be able to use another drug on our Drug List to treat your medical condition. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.

You, your prescriber, or your authorized representative may also ask for an exception. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Member Services at 1-800-633-1542 (toll-free). TTY users call 711. Hours are Monday – Friday, 8 a.m. – 8 p.m. From October 1 – March 31, we are available seven days a week, 8 a.m. – 8 p.m.

The table below outlines changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ALORA TD PATCH	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL TD PATCH	Tier 3	01/01/2022

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug(s) *</b>	<b>Alternative Drug(s) Cost-Sharing Tier</b>	<b>Effective Date</b>
DUTOPROL TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 2	01/01/2022
INTELENCE TAB 100MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 100MG	Tier 5	01/01/2022
INTELENCE TAB 200MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 200MG	Tier 5	01/01/2022
KALETRA TAB 100-25MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 2	01/01/2022
KALETRA TAB 200-50MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 5	01/01/2022
PERFORMIST NEB 20 MCG/2ML	Deletion Of Drug From Formulary	Generic Available	FORMOTEROL NEB 20MCG/2ML	Tier 5	01/01/2022
SUTENT CAP	Deletion Of Drug From Formulary	Generic Available	SUNITINIB CAP	Tier 5	01/01/2022
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOLN FLAVOR PACK	Tier 1	01/01/2022
XCOPRI TAB PACK 50-200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 5	01/01/2022

\*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.