

# 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
CIPROFLOXACN 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 OPHTH 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
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