

VIVA Medicare

IMPORTANT 2025 5-TIER CORE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
CYCLOPHOSPH INJ 1GM/2ML	5	Addition	Prior Authorization Required	2/1/2025		
CYCLOPHOSPH INJ 2GM/4ML	5	Addition	Prior Authorization Required	2/1/2025		
VAXCHORA SUS	1	Addition		2/1/2025		
VORANIGO TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2025		
VORANIGO TAB 40MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
LAZCLUZE TAB 80MG	5	Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2025		
LAZCLUZE TAB 240MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
SPS SUS 30GM/120	2	Addition		2/1/2025		
DASATINIB TAB 20MG	5	Addition	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	2/1/2025		
DASATINIB TAB 50MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 70MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 80MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		

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DASATINIB TAB 100MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 140MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
GALLIFREY TAB 5MG	2	Addition		2/1/2025		
TAZAROTENE CRE 0.05%	2	Addition	Prior Authorization Required; Quantity Limit (60 gm every 30 days)	2/1/2025		
CEFAZOLIN INJ DEXTROSE	4	Addition		2/1/2025		
ADALIMU-AACF INJ 40/0.8ML	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
ADALIMU-AACF INJ 40/0.8ML	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
AIRSUPRA AER 90-80MCG	3	Addition	Quantity Limit (3 inhalers every 30 days)	2/1/2025		
TECENTRIQ INJ HYBREZA	5	Addition	Prior Authorization Required; Quantity Limit (1 vial every 21 days)	2/1/2025		
TREMFYA INJ 200/20ML	5	Addition	Prior Authorization Required	2/1/2025		
TREMFYA INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit (1 pen every 28 days)	2/1/2025		
TREMFYA INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit (1 syringe every 28 days)	2/1/2025		
HYDRO SOD SU INJ 100MG	2	Addition		2/1/2025		

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NOVOLOG INJ 100/ML	3	Addition		2/1/2025		
NOVOLOG INJ FLEXPEN	3	Addition		2/1/2025		
NOVOLOG INJ PENFILL	3	Addition		2/1/2025		
COBENFY CAP 50-20MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
COBENFY CAP 125-30MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
COBENFY STRT CAP PACK	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
COBENFY CAP 100-20MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
TRUQAP PAK 160MG	5	Addition	Prior Authorization Required; Quantity Limit (4 packs every 28 days)	2/1/2025		
TRUQAP PAK 200MG	5	Addition	Prior Authorization Required; Quantity Limit (4 packs every 28 days)	2/1/2025		
PACLITAXEL INJ 100MG	5	Addition	Prior Authorization Required	2/1/2025		
CARBAMAZEPIN CHW 200MG	2	Addition		2/1/2025		
ITOVEBI TAB 9MG	5	Addition	Prior Authorization Required; Quantity Limit (28 tabs every 28 days)	2/1/2025		
ITOVEBI TAB 3MG	5	Addition	Prior Authorization Required; Quantity Limit (56 tabs every 28 days)	2/1/2025		
CEFAZOL/DEX SOL 1GM	4	Addition		2/1/2025		

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CEFAZOL/DEX SOL 2GM	4	Addition		2/1/2025		
OMNIPOD 5 LB MIS PODS G6	4	Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	2/1/2025		
OMNIPOD 5 LB KIT INTRO G6	4	Addition	Prior Authorization Required; Quantity Limit (1 kit every year)	2/1/2025		
LUMAKRAS TAB 240MG	5	Addition	Prior Authorization Required; Quantity Limit (120 tabs every 30 days)	2/1/2025		
AUGTYRO CAP 160MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
OMNIPOD 5 DX MIS POD G7G6	4	Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	2/1/2025		
OPSUMIT TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 5-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 10-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 15-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 20-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
ABILIFY MAIN INJ 300MG	5	Addition	Quantity Limit (1 syringe every 28 days)	2/1/2025		
ABILIFY MAIN INJ 400MG	5	Addition	Quantity Limit (1 syringe every 28 days)	2/1/2025		

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ABILIFY ASIM INJ 720MG	5	Addition	Quantity Limit (1 syringe every 56 days)	2/1/2025		
ABILIFY ASIM INJ 960MG	5	Addition	Quantity Limit (1 syringe every 56 days)	2/1/2025		
ABILIFY MAIN INJ 300MG	5	Addition	Quantity Limit (1 injection every 28 days)	2/1/2025		
ABILIFY MAIN INJ 400MG	5	Addition	Quantity Limit (1 injection every 28 days)	2/1/2025		
DILANTIN CAP 100MG	3	Addition		2/1/2025		
FENTANYL OT LOZ 1200MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 2
FENTANYL OT LOZ 1600MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 2
FENTANYL OT LOZ 200MCG	2	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 2
FENTANYL OT LOZ 400MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 2
SPRYCEL TAB 100MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
NYMYO TAB 0.25-35	2	Removal		2/1/2025	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 2
SPRYCEL TAB 80MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 140MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
FENTANYL OT LOZ 600MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 2
FENTANYL OT LOZ 800MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 2
ZYPREXA RELP INJ 300MG	5	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 2 / Tier 5
ZYPREXA RELP INJ 210MG	4	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 2 / Tier 5
SELZENTRY TAB 75MG	5	Removal		2/1/2025	SELZENTRY SOL 20MG/ML	Tier 5

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SELZENTRY TAB 25MG	4	Removal		2/1/2025	SELZENTRY SOL 20MG/ML	Tier 5
VRAYLAR CAP 1.5-3MG	4	Removal		2/1/2025	VRAYLAR CAP	Tier 5
SPRYCEL TAB 50MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 20MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 70MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
MICRGSTIN 24 TAB FE 1/20	2	Removal		2/1/2025	HAILEY 24 FE TAB 1-20 MG- MCG	Tier 2
ZYPREXA RELP INJ 405MG	5	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 2 / Tier 5
DUPIXENT INJ 100/0.67	5	Removal		2/1/2025	DUPIXENT INJ 200MG/1.14ML	Tier 5

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