VIVA Medicare

IMPORTANT 2026 1-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
BILDYOS INJ 60MG/ML	1	Addition	Quantity Limit Required (1 syringe every 180 days)	2/1/2026		
BLUJEPA TAB 750MG	1	Addition		2/1/2026		
BRUKINSA TAB 160MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	2/1/2026		
D5W/NACL INJ 0.45%	1	Addition		2/1/2026		
DEXTROSE INJ 10%	1	Addition		2/1/2026		
DOPTELET SPR CAP 10MG	1	Addition		2/1/2026		
DROXIA CAP 200MG	1	Addition		2/1/2026		
DROXIA CAP 300MG	1	Addition		2/1/2026		
DROXIA CAP 400MG	1	Addition		2/1/2026		
ELIQUIS CAP 0.15MG	1	Addition	Quantity Limit Required (56 caps every 21 days)	2/1/2026		
ELIQUIS TAB 0.5MG	1	Addition	Quantity Limit Required (588 tabs every 29 days)	2/1/2026		
ELIQUIS TAB 1.5MG	1	Addition	Quantity Limit Required (591 tabs every 29 days)	2/1/2026		
ELIQUIS TAB 2MG	1	Addition	Quantity Limit Required (592 tabs every 30 days)	2/1/2026		
ETHYNODIOL TAB 1-50	1	Addition		2/1/2026		
EXXUA TAB 18.2MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		
EXXUA TAB 36.3MG	1	Addition	Prior Authorization Required; Quantity Limit	2/1/2026		

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			Required (30 tabs every 30 days)			
EXXUA TAB 54.5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		
EXXUA TAB 72.6MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		
EXXUA TITRAT TAB 18.2MG	1	Addition	Prior Authorization Required; Quantity Limit Required (2 kits every year)	2/1/2026		
HERCESSI INJ 150MG	1	Addition		2/1/2026		
HERCESSI INJ 420MG	1	Addition		2/1/2026		
INLURIYO TAB 200MG	1	Addition	Prior Authorization Required; Quantity Limit Required (56 tabs every 28 days)	2/1/2026		
KEYTRUDA INJ QLEX	1	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 21 days)	2/1/2026		
KEYTRUDA INJ QLEX	1	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 42 days)	2/1/2026		
KLOR-CON 10 TAB 10MEQ ER	1	Addition		2/1/2026		
KOSELUGO CAP 5MG	1	Addition	Prior Authorization Required; Quantity Limit	2/1/2026		

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			Required (600 caps every 30 days)			
KOSELUGO CAP 7.5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (360 caps every 30 days)	2/1/2026		
LACTATED RIN INJ	1	Addition		2/1/2026		
LIOMNY TAB 25MCG	1	Addition		2/1/2026		
LIOMNY TAB 50MCG	1	Addition		2/1/2026		
LIOMNY TAB 5MCG	1	Addition		2/1/2026		
LOMUSTINE CAP 100MG	1	Addition		2/1/2026		
LOMUSTINE CAP 10MG	1	Addition		2/1/2026		
LOMUSTINE CAP 40MG	1	Addition		2/1/2026		
LUIZZA 1/20 TAB	1	Addition		2/1/2026		
LUIZZA TAB 1.5/30	1	Addition		2/1/2026		
NORETH/ETHIN TAB FE	1	Addition		2/1/2026		
NORETH/ETHIN TAB FE 1/20	1	Addition		2/1/2026		
OSPOMYV INJ 60MG/ML	1	Addition	Quantity Limit Required (1 syringe every 180 days)	2/1/2026		
PAZOPANIB TAB 400MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	2/1/2026		
PERAMPANEL SUS 0.5MG/ML	1	Addition	Prior Authorization Required; Quantity Limit	2/1/2026		

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			Required (680 mL every 28 days)			
TREMFYA INJ 100MG/ML	1	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	2/1/2026		
TYDEMY TAB	1	Addition		2/1/2026		
VALTYA 1/35 TAB	1	Addition		2/1/2026		
ZELVYSIA POW 100MG	1	Addition		2/1/2026		
ZELVYSIA POW 500MG	1	Addition		2/1/2026		
DIFICID TAB 200MG	1	Removal		2/1/2026	FIDAXOMICIN TAB 200MG	Tier 1
OCELLA TAB 3-0.03MG	1	Removal		2/1/2026	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	Tier 1
OGSIVEO TAB 50MG	1	Removal	Prior Authorization Required; Quantity Limit Required (180 tabs every 30 days)	2/1/2026	OGSIVEO TAB 100MG, 150MG	Tier 1
SUMATRIPTAN INJ 4MG/0.5	1	Removal	Quantity Limit Required(18 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
SUMATRIPTAN INJ 4MG/0.5	1	Removal	Quantity Limit Required(18 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
SUMATRIPTAN INJ 6MG/0.5	1	Removal	Quantity Limit Required(12 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1

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SUMATRIPTAN INJ 6MG/0.5	1	Removal	Quantity Limit Required(12 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
TOBRAMYCIN INJ 40MG/ML	1	Removal		2/1/2026	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 1
VIGPODER POW 500MG	1	Removal	Prior Authorization Required; Quantity Limit Required (180 packets every 30 days)	2/1/2026	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 1
ENSACOVE CAP 25MG	1	Addition	Prior Authorization Required; Quantity Limit Required (270 caps every 30 days)	3/1/2026		
ENSACOVE CAP 100MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 caps every 30 days)	3/1/2026		
SUBVENITE SUS 10MG/ML	1	Addition		3/1/2026		
KOMZIFTI CAP 200MG	1	Addition	Prior Authorization Required; Quantity Limit Required (90 caps every 30 days)	3/1/2026		
AMINOSYN INJ 10%	1	Addition	Prior Authorization Required	3/1/2026		
AMINOSYN-PF INJ 10%	1	Addition	Prior Authorization Required	3/1/2026		
AMINOSYN II SOL 15%	1	Addition	Prior Authorization Required	3/1/2026		
XPOVIO PAK 80MG	1	Addition	Prior Authorization Required; Quantity Limit	3/1/2026		

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			Required (4 tabs every 28 days)			
POT CHL/NACL INJ 20MEQ/L	1	Addition		3/1/2026		
POT CHL/NACL INJ 40MEQ/L	1	Addition		3/1/2026		
VRAYLAR CAP 0.5MG	1	Addition	Quantity Limit Required (30 caps every 30 days)	3/1/2026		
VRAYLAR CAP 0.75MG	1	Addition	Quantity Limit Required (30 caps every 30 days)	3/1/2026		
ADALIMU-BWWD INJ 40/0.4ML	1	Addition	Prior Authorization Required; Quantity Limit Required (6 autoinjectors every 28 days)	3/1/2026		
ADALIMU-BWWD INJ 40/0.4ML	1	Addition	Prior Authorization Required; Quantity Limit Required (6 syringes every 28 days)	3/1/2026		
XTRENBO SOL 120/1.7	1	Addition	Prior Authorization Required	3/1/2026		
LOTEPR/TOBRA SUS 0.5-0.3%	1	Addition		3/1/2026		
BESIFLOXACIN SUS 0.6%	1	Addition		3/1/2026		
TERIPARATIDE INJ 560/2.24	1	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	3/1/2026		
NEO-POLYCIN OIN HC 1%OP	1	Removal		3/1/2026	BACITRACIN-POLYMYXIN-NEOMYCIN-HYDROCORTISONE OPHTH OINT 1%	Tier 1

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NEO-POLYCIN OIN OP	1	Removal		3/1/2026	NEOMYCIN-BACITRACIN ZINC-POLYMYXIN OPHTH OINT 5-400-10000	Tier 1
POLYCIN OIN OP	1	Removal		3/1/2026	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 1
SULFACET SOD OIN 10% OP	1	Removal		3/1/2026	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 1
DILTIAZEM CAP 120MG ER	1	Addition		4/1/2026		
DILTIAZEM CAP 180MG ER	1	Addition		4/1/2026		
DILTIAZEM CAP 240MG ER	1	Addition		4/1/2026		
MAGNESIUM SU INJ 3G/100ML	1	Addition		4/1/2026		
LEVETIRACETA TAB 500MG	1	Addition	Quantity Limit Required (180 tabs every 30 days)	4/1/2026		
CEFTAROLINE INJ 400MG	1	Addition		4/1/2026		
CEFTAROLINE INJ 600MG	1	Addition		4/1/2026		
HAILEY FE TAB 1/20	1	Addition		4/1/2026		
SOD POLY SUL SUS 15GM/60	1	Addition		4/1/2026		
HYRNUO TAB 10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (120 tabs every 30 days)	4/1/2026		
SHINGRIX INJ 50/0.5ML	1	Addition	Quantity Limit Required (2 syringes per lifetime)	4/1/2026		
GAMMGD ERC INJ 10/100ML	1	Addition	Prior Authorization Required	4/1/2026		

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GAMMGD ERC INJ 5GM/50ML	1	Addition	Prior Authorization Required	4/1/2026		
JENCYCLA TAB 0.35MG	1	Addition		4/1/2026		
BLISOVI FE TAB 1/20	1	Addition		4/1/2026		
HALOETTE MIS	1	Removal		4/1/2026	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR; ENILLORING VA RING; ELURYNG VA RING	Tier 1
BRIVARACETAM SOL 10MG/ML	1	Addition	Prior Authorization Required; Quantity Limit Required (600 mL every 30 days)	5/1/2026		
BRIVARACETAM TAB 100MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	5/1/2026		
BRIVARACETAM TAB 10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	5/1/2026		
BRIVARACETAM TAB 25MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	5/1/2026		
BRIVARACETAM TAB 50MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	5/1/2026		
BRIVARACETAM TAB 75MG	1	Addition	Prior Authorization Required; Quantity Limit	5/1/2026		

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			Required (60 tabs every 30 days)			
POMALIDOMIDE CAP 1MG	1	Addition	Prior Authorization Required; Quantity Limit Required (21 caps every 28 days)	5/1/2026		
POMALIDOMIDE CAP 2MG	1	Addition	Prior Authorization Required; Quantity Limit Required (21 caps every 28 days)	5/1/2026		
POMALIDOMIDE CAP 3MG	1	Addition	Prior Authorization Required; Quantity Limit Required (21 caps every 28 days)	5/1/2026		
POMALIDOMIDE CAP 4MG	1	Addition	Prior Authorization Required; Quantity Limit Required (21 caps every 28 days)	5/1/2026		
RILPIVIRINE TAB 25MG	1	Addition		5/1/2026		
VERAPAMIL CAP 240MG ER	1	Addition		5/1/2026		
GVOKE KIT SOL 1/0.2ML	1	Addition		6/1/2026		
GVOKE HYPO 1 INJ 0.5/.1ML	1	Addition		6/1/2026		
GVOKE HYPO 2 INJ 0.5/.1ML	1	Addition		6/1/2026		
GVOKE HYPO 2 INJ 1/0.2ML	1	Addition		6/1/2026		
GVOKE HYPO 1 INJ 1/0.2ML	1	Addition		6/1/2026		

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GVOKE PFS INJ 1/0.2ML	1	Addition		6/1/2026		
LUBIPROSTONE CAP 8MCG	1	Addition	Quantity Limit Required (60 caps every 30 days)	6/1/2026		
LUBIPROSTONE CAP 24MCG	1	Addition	Quantity Limit Required (60 caps every 30 days)	6/1/2026		
IPRATROPIUM AER 17MCG	1	Addition	Quantity Limit Required (2 inh every 30 days)	6/1/2026		
NINTEDANIB CAP 100MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 caps every 30 days)	6/1/2026		
NINTEDANIB CAP 150MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 caps every 30 days)	6/1/2026		
CYCLOPHOSPH INJ 1GM/5ML	1	Addition	Prior Authorization Required	6/1/2026		
DAPAG/MET ER TAB 5-500MG	1	Addition	Quantity Limit Required (60 tabs every 30 days)	6/1/2026		
DAPAG/MET ER TAB 10-500MG	1	Addition	Quantity Limit Required (30 tabs every 30 days)	6/1/2026		
DAPAG/MET ER TAB 5-1000MG	1	Addition	Quantity Limit Required (60 tabs every 30 days)	6/1/2026		
DAPAG/MET ER TAB 10-1000	1	Addition	Quantity Limit Required (30 tabs every 30 days)	6/1/2026		
BACITRACIN OIN OP	1	Removal		6/1/2026	ERYTHROMYCIN OIN 0.5% OP	Tier 1
TAZVERIK TAB 200MG	1	Removal	Prior Authorization Required; Quantity Limit Required (240 tabs every 30 days)	6/1/2026	Consult Your Health Care Provider	

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LIFYORLI CAP 125MG DS	1	Addition	Prior Authorization Required; Quantity Limit Required (18 caps every 28 days)	7/1/2026		
LIFYORLI CAP 150MG DS	1	Addition	Prior Authorization Required; Quantity Limit Required (27 caps every 28 days)	7/1/2026		
RELGAABI CAP 300MG	1	Addition	Quantity Limit Required (360 caps every 30 days)	7/1/2026		
RELGAABI CAP 400MG	1	Addition	Quantity Limit Required (270 caps every 30 days)	7/1/2026		
NITROGLYCER OIN 2%	1	Addition		7/1/2026		
OZEMPIC TAB 4MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	7/1/2026		
OZEMPIC TAB 9MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	7/1/2026		
OZEMPIC TAB 1.5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	7/1/2026		
TACROLIMUS CAP 0.5MG ER	1	Addition	Prior Authorization Required	7/1/2026		
TACROLIMUS CAP 1MG ER	1	Addition	Prior Authorization Required	7/1/2026		
TACROLIMUS CAP 5MG ER	1	Addition	Prior Authorization Required	7/1/2026		

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CYCLOPHOSPHA INJ 500/2.5	1	Addition	Prior Authorization Required	7/1/2026		
KLOR-CON 8 TAB 8MEQ ER	1	Addition		7/1/2026		
NALOXONE SPR 4MG	1	Removal		7/1/2026	KLOXXADO SPR 8MG	Tier 1
VYNDAMAX CAP 61MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 caps every 30 days)	8/1/2026		
IDVYNSO TAB 100-0.25	1	Addition		8/1/2026		
YULITHIRA TAB 2.5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
YULITHIRA TAB 5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
YULITHIRA TAB 7.5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
YULITHIRA TAB 10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
TYMLOS INJ	1	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 30 days)	8/1/2026		

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LIDOCAINE GEL 2% JELLY	1	Addition	Prior Authorization Required; Quantity Limit Required (60 mL every 30 days)	8/1/2026		
LIDOCAINE GEL 2%	1	Addition	Prior Authorization Required; Quantity Limit Required (60 mL every 30 days)	8/1/2026		
MACITENTAN TAB 10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
SITAGLIPTIN TAB 25MG	1	Addition	Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
SITAGLIPTIN TAB 50MG	1	Addition	Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
SITAGLIPTIN TAB 100MG	1	Addition	Quantity Limit Required (30 tabs every 30 days)	8/1/2026		
SITAG/METFOR TAB 50-500MG	1	Addition	Quantity Limit Required (60 tabs every 30 days)	8/1/2026		
SITAG/METFOR TAB 50-1000	1	Addition	Quantity Limit Required (60 tabs every 30 days)	8/1/2026		
JOURNAVX TAB 50MG	1	Addition	Prior Authorization Required; Quantity Limit Required (29 tabs every 14 days)	8/1/2026		
OMNIPOD 5 DX MIS POD G7G6	1	Removal	Prior Authorization Required; Quantity Limit Required (15 pods every 30 days)	8/1/2026	Consult Your Health Care Provider	
KISQALI 600 PAK FEMARA	1	Removal	Prior Authorization Required; Quantity Limit	8/1/2026	LETROZOLE TAB 2.5MG; KISQALI TAB	Tier 1

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			Required (91 tabs every 28 days)			
KISQALI 400 PAK FEMARA	1	Removal	Prior Authorization Required; Quantity Limit Required (70 tabs every 28 days)	8/1/2026	LETROZOLE TAB 2.5MG; KISQALI TAB	Tier 1
TAZICEF INJ 1GM	1	Removal		8/1/2026	CEFTAZIDIME INJ 1GM	Tier 1
EBGLYSS INJ 250/2ML	1	Addition	Prior Authorization Required; Quantity Limit Required (20 pens every 365 days)	9/1/2026		
EBGLYSS INJ 250/2ML	1	Addition	Prior Authorization Required; Quantity Limit Required (20 syringes every 365 days)	9/1/2026		
VEPPANU TAB 100MG	1	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	9/1/2026		
BYSANTI TAB 1MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
BYSANTI TAB 2MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
BYSANTI TAB 4MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		

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BYSANTI TAB 6MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
BYSANTI TAB 8MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
BYSANTI TAB 10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
BYSANTI TAB 12MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
BYSANTI TAB PACK A	1	Addition	Prior Authorization Required; Quantity Limit Required (2 packs every year)	9/1/2026		
BYSANTI TAB PACK C	1	Addition	Prior Authorization Required; Quantity Limit Required (2 packs every year)	9/1/2026		
BYSANTI TAB PACK B	1	Addition	Prior Authorization Required; Quantity Limit Required (2 packs every year)	9/1/2026		
TOFACITINIB TAB 11MG ER	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	9/1/2026		

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TOFACITINIB TAB 22MG ER	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	9/1/2026		
TOFACITINIB TAB 5MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
TOFACITINIB TAB 10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	9/1/2026		
TOFACITINIB SOL 1MG/ML	1	Addition	Prior Authorization Required; Quantity Limit Required (480 mL every 24 days)	9/1/2026		
AUVELITY TAB TITRATIO	1	Addition	Quantity Limit Required (2 packs every year)	9/1/2026		
BREZTRI AERO AER 18MCG	1	Addition	Quantity Limit Required (1 inhaler every 30 days)	9/1/2026		
BOSUTINIB TAB 100MG	1	Addition	Prior Authorization Required; Quantity Limit Required (180 tabs every 30 days)	9/1/2026		
BOSUTINIB TAB 500MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	9/1/2026		
BOSUTINIB TAB 400MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	9/1/2026		

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VEPPANU TAB 200MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	9/1/2026		
PELLIX SOL 0.005%	1	Addition	Prior Authorization Required; Quantity Limit Required (120 mL every 30 days)	9/1/2026		
CEQUR SIMPL KIT 1U EXTND	1	Addition	Prior Authorization Required; Quantity Limit Required (8 patches every 24 days)	9/1/2026		
CEQUR SIMPL KIT 2U EXTND	1	Addition	Prior Authorization Required; Quantity Limit Required (10 patches every 30 days)	9/1/2026		
CEQUR EXT WR MIS INSERTER	1	Addition	Prior Authorization Required; Quantity Limit Required (2 inserters every year)	9/1/2026		
LIFYORLI CAP 125MG DS	1	Addition	Prior Authorization Required; Quantity Limit Required (18 caps every 28 days)	9/1/2026		
LIFYORLI CAP 125MG DS	1	Addition	Prior Authorization Required; Quantity Limit Required (18 caps every 28 days)	9/1/2026		
LIFYORLI CAP 150MG DS	1	Addition	Prior Authorization Required; Quantity Limit Required (27 caps every 28 days)	9/1/2026		

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LIFYORLI CAP 150MG DS	1	Addition	Prior Authorization Required; Quantity Limit Required (27 caps every 28 days)	9/1/2026		
DENGVAXIA SUS	1	Removal		9/1/2026	Consult Your Health Care Provider	
LEVO-T TAB 25MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 125MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 50MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 300 MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 112MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 175MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 200MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 137MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
IMPAVIDO CAP 50MG	1	Removal	Prior Authorization Required	9/1/2026	Consult Your Health Care Provider	

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LEVO-T TAB 75MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 100MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 150MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
LEVO-T TAB 88MCG	1	Removal		9/1/2026	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1
CAVHANZA TAB 60MG	1	Addition	Prior Authorization Required; Quantity Limit Required (112 tabs every 28 days)	10/1/2026		
CAVHANZA TAB 80MG	1	Addition	Prior Authorization Required; Quantity Limit Required (112 tabs every 28 days)	10/1/2026		

VIVA Medicare

IMPORTANT 2026 1-TIER SNP FORMULARY UPDATES

SKYRIZI INJ 55/0.37	1	Addition	Prior Authorization Required; Quantity Limit Required (6 syringes every 365 days)	10/1/2026		
BESREMI PEN INJ 500MCG	1	Addition	Prior Authorization Required; Quantity Limit Required (2 pens every 28 days)	10/1/2026		
DM/QUINIDINE CAP 20-10MG	1	Addition	Prior Authorization Required; Quantity Limit Required (60 caps every 30 days)	10/1/2026		
RIFAPENTINE TAB 150MG	1	Addition		10/1/2026		

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IMPORTANT 2026 1-TIER SNP FORMULARY UPDATES

UPTRAVI TAB 100MCG	1	Addition	Prior Authorization Required; Quantity Limit Required (280 tabs every 28 days)	10/1/2026		
UPTRAVI TAB 150MCG	1	Addition	Prior Authorization Required; Quantity Limit Required (280 tabs every 28 days)	10/1/2026		
JIDEYTRO TAB 25MG	1	Addition	Prior Authorization Required; Quantity Limit Required (90 tabs every 30 days)	10/1/2026		
JIDEYTRO TAB 100MG	1	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	10/1/2026		

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IMPORTANT 2026 1-TIER SNP FORMULARY UPDATES

SITAG/MET ER TAB 50-500MG	1	Addition	Quantity Limit Required (60 tabs every 30 days)	11/1/2026		
SITAG/MET ER TAB 50-1000	1	Addition	Quantity Limit Required (60 tabs every 30 days)	11/1/2026		
SITAG/MET ER TAB 100-1000	1	Addition	Quantity Limit Required (30 tabs every 30 days)	11/1/2026		
ZENBEXUS CAP 0.75MG	1	Addition	Prior Authorization Required; Quantity Limit Required (21 caps every 28 days)	11/1/2026		
ZENBEXUS CAP 1MG	1	Addition	Prior Authorization Required; Quantity Limit Required (21 caps every 28 days)	11/1/2026		
EPINEPHRINE INJ 1MG/ML	1	Addition		11/1/2026		
HUMULIN R INJ U-500	1	Removal	Prior Authorization Required	11/1/2026	HUMULIN R INJ U-500 KWIKPEN	Tier 1