

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ADACEL INJ	3	Add to the 2018 Formulary		3/1/2018		
AMNESTEEM CAP 10MG	2	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
AMNESTEEM CAP 20MG	2	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
AMNESTEEM CAP 40MG	2	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
ANDROGEL GEL 1.62%	3	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (150 gms per 30 days)	3/1/2018		
ARIPIRAZOLE SOL 1MG/ML	5	Add to the 2018 Formulary	Quantity Limit (900 mls per 30 days)	3/1/2018		
AUSTEDO TAB 12MG	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (120 tabs per 30 days)	3/1/2018		
AUSTEDO TAB 6MG	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (60 tabs per 30 days)	3/1/2018		
AUSTEDO TAB 9MG	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limit (120 tabs per 30 days)	3/1/2018		
BENLYSTA INJ 200MG/ML	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		

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BENLYSTA INJ 200MG/ML	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BORTEZOMIB INJ 3.5MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BOSULIF TAB 400MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
BYDUREON INJ BCISE	3	Add to the 2018 Formulary	Quantity Limit (4 pens per 28 days)	3/1/2018		
CALQUENCE CAP 100MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
CASPOFUNGIN INJ 50MG	5	Add to the 2018 Formulary		3/1/2018		
CASPOFUNGIN INJ 70MG	5	Add to the 2018 Formulary		3/1/2018		
CLINDACIN-P PAD 1%	2	Add to the 2018 Formulary		3/1/2018		
DESO/ETHINYL TAB ESTRADIO	2	Add to the 2018 Formulary		3/1/2018		
EFAVIRENZ CAP 50MG	2	Add to the 2018 Formulary		3/1/2018		
ELETRIPTAN TAB 20MG	2	Add to the 2018 Formulary	Quantity Limit (12 tabs per 30 days)	3/1/2018		
ELETRIPTAN TAB 40MG	2	Add to the 2018 Formulary	Quantity Limit (12 tabs per 30 days)	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
EPCLUSA TAB 400-100	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
ESTRADIOL TAB 10MCG	2	Add to the 2018 Formulary		3/1/2018		
ETHY ETH EST TAB 1-35	2	Add to the 2018 Formulary		3/1/2018		
FOSAMPRENAVI TAB 700MG	5	Add to the 2018 Formulary		3/1/2018		
GLATIRAMER INJ 20MG/ML	5	Add to the 2018 Formulary	Prior Auth required; Quantity limits (30 syringes per 30 day)	3/1/2018		
GLATIRAMER INJ 40MG/ML	5	Add to the 2018 Formulary	Prior Auth required; Quantity Limits (12 syringes per 30 days)	3/1/2018		
HALOPER DEC INJ 100MG/ML	2	Add to the 2018 Formulary		3/1/2018		
HARVONI TAB 90-400MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
HAVRIX INJ 1440UNIT	3	Add to the 2018 Formulary		3/1/2018		
HAVRIX INJ 720UNIT	3	Add to the 2018 Formulary		3/1/2018		
HYSINGLA ER TAB 100 MG	3	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
HYSINGLA ER TAB 120 MG	3	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2018		
HYSINGLA ER TAB 20 MG	3	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	3/1/2018		
HYSINGLA ER TAB 30 MG	3	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	3/1/2018		
HYSINGLA ER TAB 40 MG	3	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	3/1/2018		
HYSINGLA ER TAB 60 MG	3	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	3/1/2018		
HYSINGLA ER TAB 80 MG	3	Add to the 2018 Formulary	Quantity Limit (30 tabs per 30 days)	3/1/2018		
IDHIFA TAB 100MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
IDHIFA TAB 50MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
ISIBLOOM TAB 0.15-30	2	Add to the 2018 Formulary		3/1/2018		
KADCYLA INJ 160MG	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
KLOR-CON PAK 20MEQ	2	Add to the 2018 Formulary		3/1/2018		
LEVALBUTEROL NEB 1.25MG	2	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		

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LEVO-T TAB 100MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 112MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 125MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 137MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 150MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 175MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 200 MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 25MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 300 MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 50MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 75MCG	2	Add to the 2018 Formulary		3/1/2018		
LEVO-T TAB 88MCG	2	Add to the 2018 Formulary		3/1/2018		
LUPR DEP-PED INJ 3M 30MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LYNPARZA TAB 100MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
LYNPARZA TAB 150MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
MAVYRET TAB 100-40MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
MEROPENEM INJ 1GM	2	Add to the 2018 Formulary		3/1/2018		
MESALAMINE TAB 1.2GM	2	Add to the 2018 Formulary		3/1/2018		
METHOTREXATE INJ 250/10ML	2	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
MOXIFLOXACIN SOL 0.5%	2	Add to the 2018 Formulary		3/1/2018		
MYLOTARG INJ 4.5MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
NERLYNX TAB 40MG	5	Add to the 2018 Formulary	Prior Auth required	3/1/2018		
NYMALIZE SOL 30/10ML	5	Add to the 2018 Formulary		3/1/2018		
OSELTAMIVIR SUS 6MG/ML	2	Add to the 2018 Formulary	Quantity Limit (1080 mls per 365 days)	3/1/2018		
OXALIPLATIN INJ 100MG	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
PEG 3350 SOL ELECTROL	2	Add to the 2018 Formulary		3/1/2018		
PICATO GEL 0.015%	3	Add to the 2018 Formulary		3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PICATO GEL 0.05%	3	Add to the 2018 Formulary		3/1/2018		
PIPER/TAZOBA INJ 2-0.25GM	2	Add to the 2018 Formulary		3/1/2018		
PRASUGREL TAB 10MG	2	Add to the 2018 Formulary		3/1/2018		
PRASUGREL TAB 5MG	2	Add to the 2018 Formulary		3/1/2018		
RAYALDEE CAP 30MCG	4	Add to the 2018 Formulary		3/1/2018		
RITUXAN INJ 100MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
SCOPOLAMINE DIS 1MG/3DAY	4	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (10 patches per 30 days)	3/1/2018		
SEVELAMER POW 0.8GM	2	Add to the 2018 Formulary	Quantity Limit (540 packs/30 days)	3/1/2018		
SEVELAMER POW 2.4GM	2	Add to the 2018 Formulary	Quantity Limit (180 packs/30 days)	3/1/2018		
SEVELAMER TAB 800MG	2	Add to the 2018 Formulary	Quantity Limit (540 tabs/30 days)	3/1/2018		
TEKTURNA HCT TAB 150-12.5	4	Add to the 2018 Formulary		3/1/2018		
TEKTURNA HCT TAB 150-25MG	4	Add to the 2018 Formulary		3/1/2018		
TEKTURNA HCT TAB 300-25MG	4	Add to the 2018 Formulary		3/1/2018		
TEKTURNA HCT TAB 300-12.5	4	Add to the 2018 Formulary		3/1/2018		

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TEKTURNA TAB 150MG	4	Add to the 2018 Formulary		3/1/2018		
TEKTURNA TAB 300MG	4	Add to the 2018 Formulary		3/1/2018		
TIMOLOL MALE SOL 0.5%	2	Add to the 2018 Formulary		3/1/2018		
TRELEGY AER ELLIPTA	3	Add to the 2018 Formulary	Quantity Limit (60 blisters per 30 days)	3/1/2018		
TRISENOX INJ 12MG/6ML	5	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
TWINRIX INJ	3	Add to the 2018 Formulary		3/1/2018		
VAQTA INJ 25/0.5ML	3	Add to the 2018 Formulary		3/1/2018		
VAQTA INJ 50UNT/ML	3	Add to the 2018 Formulary		3/1/2018		
VERZENIO TAB 100MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VERZENIO TAB 150MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VERZENIO TAB 200MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VERZENIO TAB 50MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
VIDEX EC CAP 125MG	4	Add to the 2018 Formulary		3/1/2018		
VIGABATRIN PAK 500MG	5	Add to the 2018 Formulary	Prior Auth Required Quantity Limit (180 packets per 30 days)	3/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
VIRAMUNE SUS 50MG/5ML	4	Add to the 2018 Formulary		3/1/2018		
VOSEVI TAB	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
XARELTO STAR TAB 15/20MG	3	Add to the 2018 Formulary		3/1/2018		
XARELTO TAB 10 MG	3	Add to the 2018 Formulary		3/1/2018		
XARELTO TAB 15MG	3	Add to the 2018 Formulary		3/1/2018		
XARELTO TAB 20 MG	3	Add to the 2018 Formulary		3/1/2018		
XATMEP SOL 2.5MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	3/1/2018		
XULTOPHY INJ 100/3.6	3	Add to the 2018 Formulary	Quantity Limit (5 pens per 30 days)			
ZENPEP CAP 20000UNT	4	Add to the 2018 Formulary		3/1/2018		
ZEPATIER TAB 50-100MG	5	Add to the 2018 Formulary	Prior Auth Required	3/1/2018		
AMINOSYN II INJ 7%	2	Termed from formulary		3/1/2018	AMINOSYN-HBC INJ 7%	4
BROMFENAC SOL 0.09% OP	2	Termed from formulary		3/1/2018	BROMFENAC SODIUM OPHTH SOLN 0.09% (ONCE-DAILY)	2
CLINDAMAX GEL 1%	2	Termed from formulary		3/1/2018	clindamycin phosphate gel 1%	2
GAVILYTE-H KIT	2	Termed from formulary		3/1/2018	GAVILYTE-G SOL	2

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LORTAB TAB 10-325MG	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	2
LORTAB TAB 5-325MG	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	2
LORTAB TAB 7.5-325	2	Termed from formulary		3/1/2018	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	2
MENOMUNE INJ A/C/Y/W	3	Termed from formulary		3/1/2018	MENACTRA INJ	3
NECON TAB 1/50-28	2	Termed from formulary		3/1/2018	NEON TAB 0.5/35	2
NECON TAB 10/11-28	2	Termed from formulary		3/1/2018	NECON TAB 7/7/7	2
ZAZOLE CRE 0.8%	2	Termed from formulary		3/1/2018	TERCONAZOLE VAGINAL CREAM 0.8%	2
KURVELO TAB 0.15/30	2	Add to the 2018 Formulary		4/1/2018		
MORPHINE SUL INJ 2MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	4/1/2018		
MORPHINE SUL INJ 4MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	4/1/2018		
MORPHINE SUL INJ 5MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	4/1/2018		
MORPHINE SUL INJ 8MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	4/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MORPHINE SUL INJ 10MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	4/1/2018		
SOLIQUA INJ 100/33	3	Add to the 2018 Formulary	Quantity Limit (10 pens per 30 days)	4/1/2018		
ROWEEPRA XR TAB 500MG XR	2	Add to the 2018 Formulary		4/1/2018		
ROWEEPRA XR TAB 750MG XR	2	Add to the 2018 Formulary		4/1/2018		
JULUCA TAB 50-25MG	5	Add to the 2018 Formulary		4/1/2018		
ELIQUIS ST P TAB 5MG	3	Add to the 2018 Formulary		4/1/2018		
VIVITROL INJ 380MG	5	Add to the 2018 Formulary		4/1/2018		
LEVONOR/ETHI TAB ESTRADIO	2	Add to the 2018 Formulary		4/1/2018		
ZENPEP CAP	4	Add to the 2018 Formulary		4/1/2018		
TRIENTINE CAP 250MG	5	Add to the 2018 Formulary		4/1/2018		
NYATA POW 100000	2	Termed from Formulary		4/1/2018	NYSTATIN POW 100000	2
BIKTARVY TAB	5	Add to the 2018 Formulary		5/1/2018		
CASPOFUNGIN INJ 70MG	5	Add to the 2018 Formulary		5/1/2018		
DALIRESP TAB 250MCG	4	Add to the 2018 Formulary		5/1/2018		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
EFAVIRENZ TAB 600MG	5	Add to the 2018 Formulary		5/1/2018		
ENDARI POW 5GM	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
ERLEADA TAB 60MG	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
GLATOPA INJ 40MG/ML	5	Add to the 2018 Formulary	Prior Auth Required Quantity Limit (12 syringes per 30 days)	5/1/2018		
HALOPERIDOL INJ 5MG/ML	2	Add to the 2018 Formulary		5/1/2018		
IMBRUVICA CAP 70MG	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
IMBRUVICA TAB 140MG	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
IMBRUVICA TAB 280MG	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
IMBRUVICA TAB 420MG	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
IMBRUVICA TAB 560MG	5	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
ISOTRETINOIN CAP 10MG	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
ISOTRETINOIN CAP 20MG	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
ISOTRETINOIN CAP 30MG	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
ISOTRETINOIN CAP 40MG	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		

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MEMANTINE HC CAP 7MG ER	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
MEMANTINE HC CAP 14MG ER	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
MEMANTINE HC CAP 21MG ER	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
MEMANTINE HC CAP 28MG ER	2	Add to the 2018 Formulary	Prior Auth Required	5/1/2018		
OZEMPIC INJ 2/1.5ML	3	Add to the 2018 Formulary	Quantity Limit (1 pen per 30 days)	5/1/2018		
OZEMPIC INJ 2/1.5ML	3	Add to the 2018 Formulary	Quantity Limit (2 pens per 30 days)	5/1/2018		
RITONAVIR TAB 100MG	2	Add to the 2018 Formulary		5/1/2018		
TIAGABINE TAB 12MG	2	Add to the 2018 Formulary		5/1/2018		
TIAGABINE TAB 16MG	2	Add to the 2018 Formulary		5/1/2018		
FLUNISOLIDE SPR 0.025%	2	Change in Quantity Limit	3 bottles per 30 days	5/1/2018		
AMITIZA CAP 8MCG	3	Change in Quantity Limit	120 caps per 30 days	5/1/2018		
DIDANOSINE CAP 125MG	2	Termed from formulary		5/1/2018	VIDEX EC CAP 125MG	4
GENTAMICIN INJ 10MG/ML	2	Termed from formulary		5/1/2018	GENTAMICIN INJ 40MG/ML	2

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TRISENOX SOL 10MG/10M	5	Termed from formulary	B vs D Prior Auth	5/1/2018	TRISENOX INJ 12MG/6ML	5
GANCICLOVIR INJ 500MG	2	Add to the 2018 Formulary	B vs D Prior Auth	6/1/2018		
IBU TAB 600MG	1	Add to the 2018 Formulary		6/1/2018		
IBU TAB 800MG	1	Add to the 2018 Formulary		6/1/2018		
KELNOR 1/50 TAB	2	Add to the 2018 Formulary		6/1/2018		
SYMFI LO TAB	5	Add to the 2018 Formulary		6/1/2018		
TASIGNA CAP 50MG	5	Add to the 2018 Formulary	New Start Prior Auth	6/1/2018		
ZENPEP CAP 10000UNT	4	Add to the 2018 Formulary		6/1/2018		
ACE ACD/ALUM SOL 2% OTIC	2	Termed from formulary		6/1/2018	ACETIC ACID OTIC SOLN 2%	2
BUPHENYL TAB 500MG	5	Termed from formulary	Prior Auth Required	6/1/2018	SODIUM PHENYLBUTYRATE TAB 500 MG	5
COPAXONE INJ 40MG/ML	5	Termed from formulary	New Start Prior Auth; Quantity Limit (12 syringes per 30 days)	6/1/2018	GLATIRAMER INJ 40MG/ML	5
ESTRACE VAG CRE 0.01%	4	Termed from formulary		6/1/2018	ESTRADIOL VAGINAL CREAM 0.01%	2

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GENGRAF CAP 50MG	2	Termed from formulary	B vs. D Prior Auth	6/1/2018	CYCLOSPORINE MODIFIED CAP 50 MG	2
ISTALOL SOL 0.5% OP	3	Termed from formulary		6/1/2018	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	2
NEVIRAPINE SUS 50MG/5ML	2	Termed from formulary		6/1/2018	VIRAMUNE SUSP 50MG/5ML	4
OXYCODONE/ SOL APAP	2	Termed from formulary	Quantity Limit (1800mL per 30 days)	6/1/2018	OXYCODONE HCL SOLN 5 MG/5ML	2
RELPAK TAB 20MG	4	Termed from formulary	Quantity Limit (12 tabs per 30 days)	6/1/2018	ELETRIPTAN 20MG TAB	2
RELPAK TAB 40MG	4	Termed from formulary	Quantity Limit (12 tabs per 30 days)	6/1/2018	ELETRIPTAN 40MG TAB	2
REVELA PAK 0.8GM	3	Termed from formulary	Quantity Limit (540 paks per 30 days)	6/1/2018	SEVELAMER CARBONATE 0.8MG PACKET	2
REVELA PAK 2.4GM	3	Termed from formulary	Quantity Limit (180 paks per 30 days)	6/1/2018	SEVELAMER CARBONATE 2.4MG PACKET	2
REVELA TAB 800MG	3	Termed from formulary	Quantity Limit (540 tabs per 30 days)	6/1/2018	SEVELAMER CARBONATE TAB 800 MG	2
REYATAZ CAP 150MG	5	Termed from formulary		6/1/2018	ATAZANAVIR 150MG CAP	5
REYATAZ CAP 200MG	5	Termed from formulary		6/1/2018	ATAZANAVIR 200MG CAP	5

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REYATAZ CAP 300MG	5	Termed from formulary		6/1/2018	ATAZANAVIR 300MG CAP	5
SABRIL POW 500MG	5	Termed from formulary	New Start Prior Auth; Quantity Limit (180 6/1/2018packets per 30 days)	6/1/2018	VIGABATRIN POWDER PACK 500MG	5
SUSTIVA CAP 200MG	5	Termed from formulary		6/1/2018	EFAVIRENZ CAP 200 MG	5
SUSTIVA CAP 50MG	4	Termed from formulary		6/1/2018	EFAVIRENZ CAP 50 MG	2
TAMIFLU SUS 6MG/ML	3	Termed from formulary	Quantity Limit (1080mL per year)	6/1/2018	OSELTAMIVIR PHOSPHATE SUSP 6 MG/ML	2
TRANSDERM-SC DIS 1.5MG	4	Termed from formulary	Prior Auth Required; Quantity Limit (10 patches per 30 days)	6/1/2018	SCOPOLAMINE PATCH	4
VIGAMOX DRO 0.5%	3	Termed from formulary		6/1/2018	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	2
ZIAGEN SOL 20MG/ML	3	Termed from formulary		6/1/2018	ABACAVIR SOLN 20MG/ML	2
AMITIZA CAP 8MCG	3	Change in Quantity Limit	180 caps per 30 days	6/1/2018		
DICLOFENAC GEL 1%	2	Termed Prior Authorization		6/1/2018		
LIDOCAINE OINT 5%	2	Termed Quantity Limit	Prior Authorization Required	6/1/2018		
COLESEVELAM TAB 625MG	2	Add to the 2018 Formulary		7/1/2018		

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CYCLOPHOSPH CAP 25MG	2	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
CYCLOPHOSPH CAP 50MG	2	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
DOCETAXEL INJ 160/16ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
DOCETAXEL INJ 20MG/2ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
DOCETAXEL INJ 80MG/8ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
GLIPIZIDE XL TAB 10MG	1	Add to the 2018 Formulary	Quantity Limit (60 tabs per 30 days)	7/1/2018		
HUMIRA INJ 10/0.1ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (2 injections per 30 days)	7/1/2018		
HUMIRA INJ 20/0.2ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (2 injections per 30 days)	7/1/2018		
HUMIRA INJ 40/0.4ML	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (6 injections per 30 days)	7/1/2018		
HUMIRA PEDIA INJ CROHNS	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		
HUMIRA PEN INJ 40/0.4ML	5	Add to the 2018 Formulary	Quantity Limit (6 injections per 30 days)	7/1/2018		
MIGLUSTAT CAP 100MG	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		
NARCAN SPR	3	Add to the 2018 Formulary		7/1/2018		

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PRAZIQUANTEL TAB 600MG	2	Add to the 2018 Formulary		7/1/2018		
SYMDEKO TAB 100-150	5	Add to the 2018 Formulary	Prior Auth Required	7/1/2018		
TOPOTECAN INJ 4MG/4ML	5	Add to the 2018 Formulary	B vs D Prior Auth	7/1/2018		
TRI-VYLIBRA TAB	2	Add to the 2018 Formulary		7/1/2018		
TROGARZO INJ 150MG/ML	5	Add to the 2018 Formulary		7/1/2018		
VYLIBRA TAB 0.25-35	2	Add to the 2018 Formulary		7/1/2018		
ZENPEP CAP 15000UNT	4	Add to the 2018 Formulary		7/1/2018		
ZENPEP CAP 3000UNIT	4	Add to the 2018 Formulary		7/1/2018		
ACYCLOVIR NA INJ 500MG	2	Termed from formulary	B vs D Prior Auth	7/1/2018	ACYCLOVIR SODIUM INJ 50MG/ML	2
METHOTREXATE INJ 100/4ML	2	Termed from formulary	B vs D Prior Auth	7/1/2018	METHOTREXATE INJ 50MG/2ML	2
METHOTREXATE INJ 200/8ML	2	Termed from formulary	B vs D Prior Auth	7/1/2018	METHOTREXATE INJ 50MG/2ML	2
ARNUIITY ELPT INH 50MCG	3	Add to the 2018 Formulary	Quantity Limit (1 inhaler per 30 days)	8/1/2018		
LYRICA CR TAB 165MG	3	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (90 tabs per 30 days)	8/1/2018		

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LYRICA CR TAB 330MG	3	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (60 tabs per 30 days)	8/1/2018		
LYRICA CR TAB 82.5MG	3	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (90 tabs per 30 days)	8/1/2018		
MILI TAB 0.25/35	2	Add to the 2018 Formulary		8/1/2018		
MORPHINE SUL INJ 10MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 2MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 4MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 5MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
MORPHINE SUL INJ 8MG/ML	4	Add to the 2018 Formulary	B vs D Prior Auth	8/1/2018		
NORVIR POW 100MG	3	Add to the 2018 Formulary		8/1/2018		
SYMFI TAB	5	Add to the 2018 Formulary		8/1/2018		
TRI-MILI TAB	2	Add to the 2018 Formulary		8/1/2018		
CIPROFLOXACN INJ 200MG	2	Termed from formulary		8/1/2018	CIPROFLOXACN INJ 200MG IN D5W	2

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CIPROFLOXACN INJ 400MG	2	Termed from formulary		8/1/2018	CIPROFLOXACN INJ 400MG IN D5W	2
CYCLOPHOSPH CAP 25MG	2	Tier 4 to Tier 2	B vs D Prior Auth	8/1/2018		
CYCLOPHOSPH CAP 50MG	2	Tier 4 to Tier 2	B vs D Prior Auth	8/1/2018		
CIMDUO TAB 300-300	5	Add to the 2018 Formulary		9/1/2018		
COLESEVELAM PAK 3.75	2	Add to the 2018 Formulary		9/1/2018		
ERTAPENEM INJ 1GM	2	Add to the 2018 Formulary		9/1/2018		
HEP SOD/NAACL INJ 25000UNT	3	Add to the 2018 Formulary		9/1/2018		
SUBVENITE TAB 150MG	1	Add to the 2018 Formulary		9/1/2018		
SUBVENITE TAB 200MG	1	Add to the 2018 Formulary		9/1/2018		
TULANA TAB 0.35MG	2	Add to the 2018 Formulary		9/1/2018		
XELJANZ TAB 10MG	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (60 tabs per 30 days)	9/1/2018		
DESMOPRESSIN SOL 0.01%	2	Termed from formulary		9/1/2018	DESMOPRESSIN SPR 0.01%	2
GLEOSTINE CAP 5MG	4	Termed from formulary		9/1/2018	GLEOSTINE CAP 10MG	4

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ARISTADA INJ INITIO	5	Add to the 2018 Formulary		10/1/2018		
AZASITE SOL 1%	4	Add to the 2018 Formulary		10/1/2018		
BRAFTOVI CAP 50MG	5	Add to the 2018 Formulary	New Start Prior Auth	10/1/2018		
BRAFTOVI CAP 75MG	5	Add to the 2018 Formulary	New Start Prior Auth	10/1/2018		
HEPARIN/NACL INJ 25000UNT	3	Add to the 2018 Formulary		10/1/2018		
HUMIRA PEN KIT CD/UC/HS	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
HUMIRA PEN KIT PS/UV	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
MEKTOVI TAB 15MG	5	Add to the 2018 Formulary	New Start Prior Auth	10/1/2018		
NEVIRAPINE SUS 50MG/5ML	2	Add to the 2018 Formulary		10/1/2018		
NIVA-PLUS TAB	2	Add to the 2018 Formulary		10/1/2018		
NUPLAZID CAP 34MG	5	Add to the 2018 Formulary	New Start Prior Auth; Quantity Limit (30 caps every 30 days)	10/1/2018		
NUPLAZID TAB 10MG	5	Add to the 2018 Formulary	New Start Prior Auth; Quantity Limit (30 tabs every 30 days)	10/1/2018		
O-CAL FA TAB	2	Add to the 2018 Formulary		10/1/2018		

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ORKAMBI GRA 100-125	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
ORKAMBI GRA 150-188	5	Add to the 2018 Formulary	Prior Auth Required	10/1/2018		
PNV FOLIC AC TAB + IRON	2	Add to the 2018 Formulary		10/1/2018		
PNV PRENATAL TAB PLUS	2	Add to the 2018 Formulary		10/1/2018		
POT CHLORIDE SOL 20%	2	Add to the 2018 Formulary		10/1/2018		
PRENATAL TAB 27-1MG	2	Add to the 2018 Formulary		10/1/2018		
PRENATAL TAB PLUS	2	Add to the 2018 Formulary		10/1/2018		
PRENATAL VIT TAB LOW IRON	2	Add to the 2018 Formulary		10/1/2018		
PREPLUS TAB 27- 1MG	2	Add to the 2018 Formulary		10/1/2018		
SUBVENITE TAB 100MG	1	Add to the 2018 Formulary		10/1/2018		
SUBVENITE TAB 25MG	1	Add to the 2018 Formulary		10/1/2018		
SYM TUZA TAB	5	Add to the 2018 Formulary		10/1/2018		
TADALAFIL TAB 20MG	5	Add to the 2018 Formulary	New Start Prior Auth; Quantity Limit (60 tabs every 30 days)	10/1/2018		

VIVA MEDICARE
IMPORTANT 2018 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TRANSDERM-SC DIS 1.5MG	4	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (10 patches every 30 days)	10/1/2018		
TRICARE TAB PRENATAL	2	Add to the 2018 Formulary		10/1/2018		
VOL-PLUS TAB	2	Add to the 2018 Formulary		10/1/2018		
AURYXIA TAB 210MG	5	Add to the 2018 Formulary	Prior Auth Required; Quantity Limit (360 tabs every 30 days)	11/1/2018		
DALFAMPRIDIN TAB 10MG ER	5	Add to the 2018 Formulary	Prior Auth Required	11/1/2018		
INCASSIA TAB 0.35MG	2	Add to the 2018 Formulary		11/1/2018		
LENVIMA CAP 12MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	11/1/2018		
LENVIMA CAP 4MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	11/1/2018		
LEVOLEUCOVOR SOL 250MG/25	2	Add to the 2018 Formulary	B vs. D Prior Auth Required	11/1/2018		
TIBSOVO TAB 250MG	5	Add to the 2018 Formulary	New Start Prior Auth Required	11/1/2018		