

**VIVA MEDICARE**  
**IMPORTANT 2019 6-T STANDARD FORMULARY UPDATES**

<b>Drug Label Name</b>	<b>Tier</b>	<b>Description of Change</b>	<b>Requirements/Limits</b>	<b>Effective Date</b>	<b>Alternative Drug</b>	<b>Alternative Drug Tier</b>
ABIRATERONE TAB 250MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
ALBENDAZOLE TAB 200MG	5	Add to 2019 Formulary		2/1/2019		
CLOBAZAM SUS 2.5MG/ML	2	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
CLOBAZAM TAB 10MG	2	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
CLOBAZAM TAB 20MG	2	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
COPIKTRA CAP 15MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
COPIKTRA CAP 25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
DALFAMPRIDIN TAB 10MG ER	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
DAPTOMYCIN SOL 350MG	5	Add to 2019 Formulary		2/1/2019		
DELSTRIGO TAB	5	Add to 2019 Formulary		2/1/2019		
EPIDIOLEX SOL 100MG/ML	5	Add to 2019 Formulary	New Start Prior Authorization Required; Quantity Limit (600mL per 30 days)	2/1/2019		
FLAC OIL 0.01%	2	Add to 2019 Formulary		2/1/2019		
GRANIX INJ 300/1ML	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		
GRANIX INJ 480/1.6	5	Add to 2019 Formulary	Prior Authorization Required	2/1/2019		

February, 2019  
Revised January 22, 2019

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M-NATAL PLUS TAB	3	Add to 2019 Formulary		2/1/2019		
MOLINDONE TAB HCL 10MG	2	Add to 2019 Formulary		2/1/2019		
MOLINDONE TAB HCL 25MG	2	Add to 2019 Formulary		2/1/2019		
MOLINDONE TAB HCL 5MG	2	Add to 2019 Formulary		2/1/2019		
MONDOXYNE NL CAP 100MG	2	Add to 2019 Formulary		2/1/2019		
NOVOLIN INJ FLEXPEN	3	Add to 2019 Formulary		2/1/2019		
PIFELTRO TAB 100MG	5	Add to 2019 Formulary		2/1/2019		
SOTALOL AF TAB 120MG	2	Add to 2019 Formulary		2/1/2019		
TALZENNA CAP 0.25MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
TALZENNA CAP 1MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
VIZIMPRO TAB 15MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
VIZIMPRO TAB 30MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
VIZIMPRO TAB 45MG	5	Add to 2019 Formulary	New Start Prior Authorization Required	2/1/2019		
XARELTO TAB 2.5MG	3	Add to 2019 Formulary		2/1/2019		

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ZORTRESS TAB 1MG	5	Add to 2019 Formulary	B vs. D Prior Authorization	2/1/2019		
AFEDITAB TAB 60MG CR	2	Removed from 2019 Formulary		2/1/2019	NIFEDIPINE TAB 60MG ER	2
CEFOTAXIME INJ 2GM	2	Removed from 2019 Formulary		2/1/2019	CEFOTAXIME INJ 500MG	2
CLINIMIX INJ 2.75/D5W	4	Removed from 2019 Formulary	B vs. D Prior Authorization	2/1/2019	CLINIMIX INJ 4.25/D5W	4
CLINIMIX INJ 4.25/D20	4	Removed from 2019 Formulary	B vs. D Prior Authorization	2/1/2019	CLINIMIX INJ 5%/D20W	4
HEXALEN CAP 50MG	5	Removed from 2019 Formulary		2/1/2019		
KIMIDESS TAB	2	Removed from 2019 Formulary		2/1/2019	KARIVA TAB	2
NORVIR CAP 100MG	3	Removed from 2019 Formulary		2/1/2019	RITONAVIR TAB 100MG	2
VERSACLOZ SUS 50MG/ML	5	Removed from 2019 Formulary	New Start Prior Authorization Required; Quantity Limit (600mL per 30 days)	2/1/2019	CLOZAPINE TAB 25MG ODT	2
GENOTROPIN INJ 0.2MG	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2019		