

## VIVA MEDICARE

### IMPORTANT 2019 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name          | Tier | Description of Change | Requirements/Limits                    | Effective Date | Alternative Drug | Alternative Drug Tier |
|--------------------------|------|-----------------------|--|----------------|------------------|-----------------------|
| 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       |                  |                       |
| AZELAIC ACID GEL 15%     | 2    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| BUPROPION TAB 450MG ER   | 2    | Add to 2019 Formulary | Quantity Limit (30 tabs per 30 days)   | 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       |                  |                       |
| DVORAH TAB               | 2    | Add to 2019 Formulary | Quantity Limit (300 tabs per 30 days)  | 2/1/2019       |                  |                       |

## VIVA MEDICARE

### IMPORTANT 2019 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name          | Tier | Description of Change | Requirements/Limits  | Effective Date | Alternative Drug | Alternative Drug Tier |
|--------------------------|------|-----------------------|--|----------------|------------------|-----------------------|
| 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       |                  |                       |
| GEMCITABINE INJ 200MG    | 2    | Add to 2019 Formulary | B vs. D Prior Authorization  | 2/1/2019       |                  |                       |
| GEMCITABINE INJ 2GM/20ML | 2    | Add to 2019 Formulary | B vs. D Prior Authorization  | 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       |                  |                       |
| IMVEXXY MAIN SUP 4MCG    | 4    | Add to 2019 Formulary | Prior Authorization Required   | 2/1/2019       |                  |                       |
| IMVEXXY STRT SUP 10MCG   | 4    | Add to 2019 Formulary | Prior Authorization Required   | 2/1/2019       |                  |                       |
| ITRACONAZOLE SOL 10MG/ML | 5    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| 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       |                  |                       |

## VIVA MEDICARE

### IMPORTANT 2019 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name            | Tier | Description of Change | Requirements/Limits  | Effective Date | Alternative Drug | Alternative Drug Tier |
|----------------------------|------|-----------------------|--|----------------|------------------|-----------------------|
| MONDOXYNE NL CAP 100MG     | 2    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| MONDOXYNE NL CAP 75MG      | 2    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| MORPHINE SUL CAP 40MG ER   | 5    | Add to 2019 Formulary | Prior Authorization Required;<br>Quantity Limit<br>(60 caps per 30 days) | 2/1/2019       |                  |                       |
| NOVOLIN INJ FLEXPEN RELION | 4    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| NOVOLIN INJ FLEXPEN        | 3    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| ORLISSA TAB 150MG          | 5    | Add to 2019 Formulary | Prior Authorization Required   | 2/1/2019       |                  |                       |
| ORLISSA TAB 200MG          | 5    | Add to 2019 Formulary | Prior Authorization Required   | 2/1/2019       |                  |                       |
| PALONOSETRON SOL 0.25/5ML  | 4    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| PIFELTRO TAB 100MG         | 5    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| RELEXXII TAB 72MG          | 2    | Add to 2019 Formulary | Quantity Limit<br>(30 tabs per 30 days)                                  | 2/1/2019       |                  |                       |
| SILODOSIN CAP 4MG          | 2    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| SILODOSIN CAP 8MG          | 2    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |
| SOTALOL AF TAB 120MG       | 2    | Add to 2019 Formulary |  | 2/1/2019       |                  |                       |

## VIVA MEDICARE

### IMPORTANT 2019 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name        | Tier | Description of Change       | Requirements/Limits  | Effective Date | Alternative Drug       | Alternative Drug Tier |
|------------------------|------|-----------------------------|--|----------------|------------------------|-----------------------|
| 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       |                        |                       |
| TESTOSTERONE GEL 1.62% | 2    | Add to 2019 Formulary       | Prior Authorization Required;<br>Quantity Limit<br>(150 grams per 30 days) | 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       |                        |                       |
| XOFLUZA TAB 20MG       | 4    | Add to 2019 Formulary       |  | 2/1/2019       |                        |                       |
| XOFLUZA TAB 40MG       | 4    | Add to 2019 Formulary       |  | 2/1/2019       |                        |                       |
| 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                     |

## VIVA MEDICARE

### IMPORTANT 2019 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name       | Tier | Description of Change           | Requirements/Limits  | Effective Date | Alternative Drug                                       | Alternative Drug Tier |
|-----------------------|------|---------------------------------|--|----------------|--|-----------------------|
| CLINIMIX INJ 4.25/D20 | 4    | Removed from 2019 Formulary     | B vs. D Prior Authorization  | 2/1/2019       | CLINIMIX INJ 5%/D20W                                   | 4                     |
| GIAZO TAB 1.1GM       | 5    | Removed from 2019 Formulary     |  | 2/1/2019       | BALSALAZIDE CAP 750MG                                  | 2                     |
| 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                     |
| PANLOR TAB 325-30     | 2    | Removed from 2019 Formulary     | Quantity Limit<br>(300 tabs per 30 days)   | 2/1/2019       | ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TAB 325-30-16 MG | 2                     |
| VERSACLOZ SUS 50MG/ML | 5    | Removed from 2019 Formulary     | New Start Prior Authorization Required;<br>Quantity Limit<br>(600mL per 30 days) | 2/1/2019       | CLOZAPINE TAB 25MG ODT                                 | 2                     |
| ZOMETA INJ 4MG/100    | 5    | Removed from 2019 Formulary     | B vs. D Prior Authorization  | 2/1/2019       | ZOLEDRONIC INJ 5/100ML                                 | 2                     |
| GENOTROPIN INJ 0.2MG  | 3    | Tier Change<br>Tier 4 to Tier 3 | Prior Authorization Required   | 2/1/2019       |  |                       |