

VIVA Medicare

IMPORTANT 2023 5-TIER PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
AUVELITY TAB 45-105MG	4	Formulary Addition	Prior Authorization Required	02/01/2023		
FINGOLIMOD CAP 0.5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (28 capsules every 28 days)	02/01/2023		
FINZALA CHW FE 1/20	2	Formulary Addition		02/01/2023		
FRAGMIN INJ 2500/ML	4	Formulary Addition		02/01/2023		
GLEOSTINE CAP 100MG	5	Formulary Addition		02/01/2023		
GLEOSTINE CAP 10MG	4	Formulary Addition		02/01/2023		
GLEOSTINE CAP 40MG	4	Formulary Addition		02/01/2023		
IMBRUVICA SUS 70MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (216 mL every 27 days)	02/01/2023		
INVEGA HAFYE INJ 1092MG	5	Formulary Addition	Quantity Limit (1 injection every 180 days)	02/01/2023		
INVEGA HAFYE INJ 1560MG	5	Formulary Addition	Quantity Limit (1 injection every 180 days)	02/01/2023		
INVEGA TRINZ INJ 273MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		
INVEGA TRINZ INJ 410MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		
INVEGA TRINZ INJ 546MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		

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INVEGA TRINZ INJ 819MG	5	Formulary Addition	Quantity Limit (1 syringe every 90 days)	02/01/2023		
JAVYGTOR PAK 100MG	5	Formulary Addition	Prior Authorization Required	02/01/2023		
JAVYGTOR POW 500MG	5	Formulary Addition	Prior Authorization Required	02/01/2023		
JAVYGTOR TAB 100MG	5	Formulary Addition	Prior Authorization Required	02/01/2023		
LEVOFLOXACIN SOL 1.5%	2	Formulary Addition		02/01/2023		
MENVEO SOL	3	Formulary Addition		02/01/2023		
METHYLPHENID TAB 45MG ER	4	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/01/2023		
METHYLPHENID TAB 63MG ER	4	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	02/01/2023		
MORPHIN/NACL INJ 30/30ML	4	Formulary Addition	Prior Authorization Required	02/01/2023		
NORETH/ETHIN TAB FE	2	Formulary Addition		02/01/2023		
ORKAMBI GRA 75-94MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	02/01/2023		
PENCICLOVIR CRE 1%	2	Formulary Addition	Quantity Limit (5 gm every 30 days)	02/01/2023		
PIRFENIDONE TAB 534MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tablets every 30 days)	02/01/2023		

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POT CHL/NACL INJ 20MEQ/L	2	Formulary Addition		02/01/2023		
POT CHL/NACL INJ 40MEQ/L	4	Formulary Addition		02/01/2023		
RISPERDAL INJ 12.5MG	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
RISPERDAL INJ 25MG	4	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
RISPERDAL INJ 37.5MG	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
RISPERDAL INJ 50MG	5	Formulary Addition	Quantity Limit (2 injections every 28 days)	02/01/2023		
ROFLUMILAST TAB 250MCG	2	Formulary Addition		02/01/2023		
ROFLUMILAST TAB 500MCG	2	Formulary Addition		02/01/2023		
RYALTRIS SPR 665-25	4	Formulary Addition	Quantity Limit (29 gm every 30 days)	02/01/2023		
TADLIQ SUS 20MG/5ML	5	Formulary Addition	Prior Authorization Required	02/01/2023		
TAFLUPROST SOL 0.0015%	2	Formulary Addition		02/01/2023		
TAZAROTENE GEL 0.05%	2	Formulary Addition	Prior Authorization Required, Quantity Limit (100 gm every 30 days)	02/01/2023		
TAZAROTENE GEL 0.1%	2	Formulary Addition	Prior Authorization Required, Quantity Limit (100 gm every 30 days)	02/01/2023		
THEOPHYLLINE ELX 80/15ML	2	Formulary Addition		02/01/2023		

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TIMOLOL MAL SOL 0.25% OP	2	Formulary Addition		02/01/2023		
TRIMETHOPRIM TAB 100MG	3	Formulary Addition		02/01/2023		
TYRVAYA SOL 0.03MG	4	Formulary Addition		02/01/2023		
ZONISADE SUS 100MG/5	4	Formulary Addition	Prior Authorization Required, Quantity Limit (900 mL every 30 days)	02/01/2023		
CENTANY OIN 2%	4	Formulary Deletion		02/01/2023	MUPIROCIN OIN 2%	Tier 1
CRESEMBA INJ 372MG	5	Formulary Deletion		02/01/2023		
LARISSIA TAB	2	Formulary Deletion		02/01/2023	AVIANE TAB	Tier 2
OMNIPOD 5 G6 MIS PODS	4	Quantity Limit Change		02/01/2023		
BENDAMUSTINE INJ 100 MG	5	Formulary Addition	Prior Authorization Required	03/01/2023		
BENDAMUSTINE INJ 25MG	5	Formulary Addition	Prior Authorization Required	03/01/2023		
CRESEMBA INJ 372MG	5	Formulary Addition	Prior Authorization Required	03/01/2023		
DICHLORPHENA TAB 50MG	5	Formulary Addition	Prior Authorization Required	03/01/2023		
ERMEZA SOL 150/5ML	4	Formulary Addition	Prior Authorization Required	03/01/2023		
FYARRO SUS 100MG	5	Formulary Addition	Prior Authorization Required	03/01/2023		

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LEUPROLIDE INJ 22.5MG	4	Formulary Addition	Prior Authorization Required	03/01/2023		
NOXAFIL PAK 300MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (32 packets every 30 days)	03/01/2023		
OXBRYTA TAB 300MG	5	Formulary Addition	Prior Authorization Required	03/01/2023		
OZEMPIC INJ 2MG/3ML	3	Formulary Addition	Prior Authorization Required, Quantity Limit (1 pen every 28 days)	03/01/2023		
PIRFENIDONE CAP 267MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (270 caps every 30 days)	03/01/2023		
SKYRIZI INJ 180/1.2	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 cartridge every 56 days)	03/01/2023		
TASIMELTEON CAP 20MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	03/01/2023		
FML OIN 0.1% OP	4	Formulary Deletion		03/01/2023	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 2
MENTAX CRE 1%	4	Formulary Deletion		03/01/2023	CLOTRIMAZOLE CREAM 1%	Tier 2
PASER GRA 4GM	4	Formulary Deletion		03/01/2023	Consult Your Health Care Provider	
PRED-G S.O.P OIN OP	4	Formulary Deletion		03/01/2023	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	Tier 2
PRENATAL VIT TAB LOW IRON	3	Formulary Deletion		03/01/2023	PRENATAL TAB 27-1MG	Tier 3

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ROSADAN CRE 0.75%	2	Formulary Deletion		03/01/2023	METRONIDAZOLE CREAM 0.75%	Tier 2
TAYSOFY CAP 1/20	2	Formulary Deletion		03/01/2023	GEMMILY CAP 1 MG-20 MCG	Tier 2
VEMLIDY TAB 25MG	5	Prior Authorization Removed		03/01/2023		
EPINEPHRINE INJ 1 MG/ML	2	Formulary Addition		04/01/2023		
GABAPENTIN SOL 300/6ML	2	Formulary Addition	Quantity Limit (2160 mL every 30 days)	04/01/2023		
HEPLISAV-B INJ 20/0.5ML	3	Formulary Addition	Prior Authorization Required	04/01/2023		
IBU TAB 400MG	1	Formulary Addition		04/01/2023		
KRAZATI TAB 200MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
LYTGOBI TAB 4MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
LYTGOBI TAB 4MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
LYTGOBI TAB 4MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
RELEXXII TAB 45MG ER	4	Formulary Addition	Prior Authorization Required	04/01/2023		
RELEXXII TAB 63MG ER	4	Formulary Addition	Prior Authorization Required	04/01/2023		
REZLIDHIA CAP 150MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		

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ROTARIX SUS	3	Formulary Addition		04/01/2023		
SOD OXYBATE SOL 500MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (540 mL every 30 days)	04/01/2023		
SUNLENCA TAB 300MG	5	Formulary Addition		04/01/2023		
SUNLENCA TAB 300MG	5	Formulary Addition		04/01/2023		
TURALIO CAP 125MG	5	Formulary Addition	Prior Authorization Required	04/01/2023		
ELLA TAB 30MG	3	Formulary Deletion		04/01/2023	Consult Your Health Care Provider	
NORVIR SOL 80MG/ML	4	Formulary Deletion		04/01/2023	NORVIR PACKET 100MG	Tier 4
CLENPIQ SOL	4	Formulary Addition		05/01/2023		
CLINDACIN AER 1%	2	Formulary Addition		05/01/2023		
DILTIAZEM TAB 120MG ER	2	Formulary Addition		05/01/2023		
ERLEADA TAB 240MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		
ESTRAD VAL INJ 10MG/ML	2	Formulary Addition		05/01/2023		
JAYPIRCA TAB 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	05/01/2023		

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JAYPIRCA TAB 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tablets every 30 days)	05/01/2023		
LAMOTRIG ODT KIT 25/50MG	2	Formulary Addition		05/01/2023		
LAMOTRIG ODT KIT 50/100MG	2	Formulary Addition		05/01/2023		
LEVEMIR INJ FLEXTUOC	3	Formulary Addition		05/01/2023		
LUMAKRAS TAB 320MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		
LURASIDONE TAB 120MG	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 20MG	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 40MG	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 60MG	2	Formulary Addition	Quantity Limit (30 tablets every 30 days)	05/01/2023		
LURASIDONE TAB 80MG	2	Formulary Addition	Quantity Limit (60 tablets every 30 days)	05/01/2023		
NEO-POLYCIN OIN HC 1%OP	2	Formulary Addition		05/01/2023		
NEO-POLYCIN OIN OP	2	Formulary Addition		05/01/2023		
ORSERDU TAB 345MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		
ORSERDU TAB 86MG	5	Formulary Addition	Prior Authorization Required	05/01/2023		

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POLYCIN OIN OP	1	Formulary Addition		05/01/2023		
TAKHZYRO INJ 150MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (2 syringes every 28 days)	05/01/2023		
DALIRESP TAB 250MCG	4	Formulary Deletion		05/01/2023	ROFLUMILAST TAB	Tier 2
DALIRESP TAB 500MCG	4	Formulary Deletion		05/01/2023	ROFLUMILAST TAB	Tier 2
ESBRIET CAP 267MG	5	Formulary Deletion		05/01/2023	PIRFENIDONE CAP 267 MG	Tier 5
GILENYA CAP 0.5MG	5	Formulary Deletion		05/01/2023	FINGOLIMOD CAP 0.5MG	Tier 5
HETLIOZ CAP 20MG	5	Formulary Deletion		05/01/2023	TASIMELTEON CAP 20MG	Tier 5
DAYVIGO TAB 10MG	3	Tier change		05/01/2023		
DAYVIGO TAB 5MG	3	Tier change		05/01/2023		
LOTEMAX SM GEL 0.38%	3	Tier change		05/01/2023		
APONVIE INJ 32/4.4ML	4	Formulary Addition		06/01/2023		
AUGMENTIN SUS 125/5ML	4	Formulary Addition		06/01/2023		
ORENITRAM TAB MONTH 1	5	Formulary Addition		06/01/2023		
ORENITRAM TAB MONTH 2	5	Formulary Addition		06/01/2023		
ORENITRAM TAB MONTH 3	5	Formulary Addition		06/01/2023		
HEP SOD/NACL INJ 12500UNT	3	Formulary Addition		06/01/2023		

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CEFAZOLIN INJ 2GM	4	Formulary Addition		06/01/2023		
CEFAZOLIN INJ 3GM	4	Formulary Addition		06/01/2023		
POSACONAZOLE SUS 40MG/ML	5	Formulary Addition		06/01/2023		
ZOMIG SPR 2.5MG	4	Formulary Addition		06/01/2023		
DEPO-TESTOST INJ 100MG/ML	2	Formulary Addition		06/01/2023		
DEPO-TESTOST INJ 200MG/ML	2	Formulary Addition		06/01/2023		
EYSUVIS DRO 0.25%	4	Quantity Limit Removed		06/01/2023		
CAPTOPR/HCTZ TAB 25- 15MG	1	Formulary Addition		07/01/2023		
CAPTOPR/HCTZ TAB 25- 25MG	1	Formulary Addition		07/01/2023		
CAPTOPR/HCTZ TAB 50- 15MG	1	Formulary Addition		07/01/2023		
CAPTOPR/HCTZ TAB 50- 25MG	1	Formulary Addition		07/01/2023		
TIROSINT CAP 37.5MCG	4	Formulary Addition		07/01/2023		
TIROSINT CAP 44MCG	4	Formulary Addition		07/01/2023		
TIROSINT CAP 62.5MCG	4	Formulary Addition		07/01/2023		
NAFTIFINE GEL 2%	2	Formulary Addition	Quantity Limit (60 grams every 30 days)	07/01/2023		

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VANCOMYCIN SOL 25MG/ML	2	Formulary Addition	Quantity Limit (1800 mL every 30 days)	07/01/2023		
VANCOMYCIN SOL 50MG/ML	2	Formulary Addition	Quantity Limit (1800 mL every 30 days)	07/01/2023		
PRIMIDONE TAB 125MG	1	Formulary Addition		07/01/2023		
GRALISE TAB 450MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (120 tablets every 30 days)	07/01/2023		
GRALISE TAB 750MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	07/01/2023		
GRALISE TAB 900MG	4	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tablets every 30 days)	07/01/2023		
LUPRON DEPOT INJ PED 6MON	5	Formulary Addition	Prior Authorization Required	07/01/2023		
GEFITINIB TAB 250MG	5	Formulary Addition	Prior Authorization Required	07/01/2023		
BUDESONIDE AER 2MG/ACT	2	Formulary Addition		07/01/2023		
OMNIPOD GO KIT 10UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 15UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 20UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		

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OMNIPOD GO KIT 30UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 40UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 25UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
OMNIPOD GO KIT 35UNT/DY	4	Formulary Addition	Prior Authorization Required, Quantity Limit (15 pods every 30 days)	07/01/2023		
METHSUXIMIDE CAP 300MG	2	Formulary Addition		07/01/2023		
MYORISAN CAP 10MG	2	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 2
MYORISAN CAP 40MG	2	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 2
MYORISAN CAP 20MG	2	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 2
CALCITRIOL INJ 1MCG/ML	2	Formulary Deletion		07/01/2023	CALCITRIOL SOL 1MCG/ML	Tier 2
VOQUEZNA PAK TRIP PK	4	Formulary Deletion		07/01/2023	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ CAP DR THERAPY PACK	Tier 2
AVITA GEL 0.025%	2	Formulary Deletion		07/01/2023	TRETINOIN GEL 0.025%	Tier 2
LIDOCAINE GEL 2% JELLY	2	Formulary Deletion		07/01/2023	GLYDO GEL 2%	Tier 2

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VOQUEZNA PAK DUAL PAK	4	Formulary Deletion		07/01/2023	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ CAP DR THERAPY PACK	Tier 2
KHAPZORY SOL 175MG	5	Formulary Deletion		07/01/2023	LEVOLEUCOVORIN INJ 250MG/25ML	Tier 2
KHAPZORY SOL 300MG	5	Formulary Deletion		07/01/2023	LEVOLEUCOVORIN INJ 250MG/25ML	Tier 2
MYORISAN CAP 30MG	2	Formulary Deletion		07/01/2023	CLARAVIS CAP	Tier 2
SYMBICORT AER 80-4.5	3	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	07/01/2023		
SYMBICORT AER 160-4.5	3	Quantity Limit Change	Quantity Limit (3 inhalers every 30 days)	07/01/2023		
ABILIFY ASIM INJ 720MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 56 days)	08/01/2023		
ABILIFY ASIM INJ 960MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 56 days)	08/01/2023		
AUSTEDO XR TAB 12MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (120 tabs every 30 days)	08/01/2023		
AUSTEDO XR TAB 24MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	08/01/2023		
AUSTEDO XR TAB 6MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (90 tabs every 30 days)	08/01/2023		
DARUNAVIR TAB 600MG	5	Formulary Addition	Quantity Limit (60 tabs every 30 days)	08/01/2023		

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DARUNAVIR TAB 800MG	5	Formulary Addition	Quantity Limit (30 tabs every 30 days)	08/01/2023		
KALYDECO GRA 13.4MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	08/01/2023		
KCL/D5W/NACL INJ 0.3/0.9%	4	Formulary Addition		08/01/2023		
KHAPZORY SOL 175MG	5	Formulary Addition	Prior Authorization Required	08/01/2023		
LACTULOSE SOL 10GM/15	2	Formulary Addition		08/01/2023		
LIQREV SUS 10MG/ML	5	Formulary Addition	Prior Authorization Required	08/01/2023		
MEKINIST SOL 0.05/ML	5	Formulary Addition	Prior Authorization Required	08/01/2023		
POSACONAZOLE INJ 300/16.7	5	Formulary Addition		08/01/2023		
STELARA INJ 45MG/0.5	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 vial every 28 days)	08/01/2023		
STELARA INJ 45MG/0.5	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 28 days)	08/01/2023		
STELARA INJ 5MG/ML	5	Formulary Addition	Prior Authorization Required	08/01/2023		
STELARA INJ 90MG/ML	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 28 days)	08/01/2023		
TAFINLAR TAB 10MG	5	Formulary Addition	Prior Authorization Required	08/01/2023		

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TRIKAFTA PAK 59.5MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	08/01/2023		
TRIKAFTA PAK 75MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (56 packs every 28 days)	08/01/2023		
UZEDY INJ 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 30 days)	08/01/2023		
UZEDY INJ 125MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 30 days)	08/01/2023		
UZEDY INJ 150MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 60 days)	08/01/2023		
UZEDY INJ 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 60 days)	08/01/2023		
UZEDY INJ 250MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 60 days)	08/01/2023		
UZEDY INJ 50MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 30 days)	08/01/2023		
UZEDY INJ 75MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (1 syringe every 30 days)	08/01/2023		
KYNMOBI MIS 10MG	5	Formulary Deletion		08/01/2023	APOKYN INJ 10MG/ML	Tier 5

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KYNMOBI MIS 15MG	5	Formulary Deletion		08/01/2023	APOKYN INJ 10MG/ML	Tier 5
KYNMOBI MIS 20MG	5	Formulary Deletion		08/01/2023	APOKYN INJ 10MG/ML	Tier 5
KYNMOBI MIS 25MG	5	Formulary Deletion		08/01/2023	APOKYN INJ 10MG/ML	Tier 5
KYNMOBI MIS 30MG	5	Formulary Deletion		08/01/2023	APOKYN INJ 10MG/ML	Tier 5
LEVO-T TAB 100MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 112MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 125MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 137MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 150MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 175MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 200 MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 25MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 300 MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 50MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LEVO-T TAB 75MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1

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LEVO-T TAB 88MCG	1	Formulary Deletion		08/01/2023	LEVOTHYROXINE SODIUM TAB	Tier 1
LONHALA MAGN SOL 25MCG	5	Formulary Deletion		08/01/2023	INCRUSE ELPT INH 62.5MCG	Tier 3
LONHALA MAGN SOL 25MCG	5	Formulary Deletion		08/01/2023	INCRUSE ELPT INH 62.5MCG	Tier 3
PROCALAMINE INJ 3%	4	Formulary Deletion		08/01/2023	CLINIMIX INJ 4.25/D5W	Tier 4
CHLORPROMAZI CON 100MG/ML	2	Tier Change		08/01/2023		
CHLORPROMAZI CON 30MG/ML	2	Tier Change		08/01/2023		
KCL/D5W/NACL INJ	2	Tier Change		08/01/2023		
GLYCOPYRROL INJ 0.2MG/ML	2	Tier Change		08/01/2023		
GLYCOPYRROL INJ 0.4/2ML	2	Tier Change		08/01/2023		
MIBELAS 24 CHW FE	2	Formulary Addition		09/01/2023		
MULT ELECTRO INJ PH 5.5	2	Formulary Addition		09/01/2023		
MULT ELECTRO INJ PH 7.4	2	Formulary Addition		09/01/2023		
NITISINONE CAP 20MG	5	Formulary Addition	Prior Authorization Required	09/01/2023		
SOGROYA INJ 10MG/1.5	5	Formulary Addition	Prior Authorization Required	09/01/2023		
SOGROYA INJ 15MG/1.5	5	Formulary Addition	Prior Authorization Required	09/01/2023		

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SOGROYA INJ 5MG/1.5	5	Formulary Addition	Prior Authorization Required	09/01/2023		
TALZENNA CAP 0.1MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	09/01/2023		
TALZENNA CAP 0.35MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	09/01/2023		
ZEJULA TAB 100MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	09/01/2023		
ZEJULA TAB 200MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	09/01/2023		
ZEJULA TAB 300MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	09/01/2023		
TOPOSAR INJ 1GM/50ML	2	Formulary Deletion		09/01/2023	ETOPOSIDE INJ 1GM/50ML	Tier 2
PHOSLYRA SOL	4	Formulary Deletion		09/01/2023	SEVELAMER CARBONATE PACKET	Tier 5
SYNERCID INJ 500MG	5	Formulary Deletion		09/01/2023	Consult Your Health Care Provider	
TOPOSAR INJ 100/5ML	2	Formulary Deletion		09/01/2023	ETOPOSIDE INJ 20MG/ML	Tier 2
PROCTO-PAK CRE 1%	2	Formulary Deletion		09/01/2023	HYDROCORTISONE PERIANAL CREAM 1%	Tier 2
RINVOQ TAB 45MG ER	5	Quantity Limit Change	Quantity Limit (168 tabs every year)	09/01/2023		

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ELFABRIO SOL 20/10ML	5	Formulary Addition	Prior Authorization Required	10/01/2023		
VYVGART INJ HYTRULO	5	Formulary Addition	Prior Authorization Required	10/01/2023		
RYSTIGGO INJ 280/2ML	5	Formulary Addition	Prior Authorization Required	10/01/2023		
AUSTEDO XR TAB TITR KIT	5	Formulary Addition	Prior Authorization Required, Quantity Limit (2 packs every year)	10/01/2023		
PLERIXAFOR INJ 24/1.2ML	5	Formulary Addition	Prior Authorization Required	10/01/2023		
VIGADRONE TAB 500MG	5	Formulary Addition	Prior Authorization Required, Quantity Limit (180 tabs every 30 days)	10/01/2023		
CYCLOPHOSPHA INJ 2GM/4ML	5	Formulary Addition	Prior Authorization Required	10/01/2023		
XACIATO GEL 2%	4	Formulary Addition		10/01/2023		
REZZAYO INJ 200MG	5	Formulary Addition		10/01/2023		
ABRYSVO INJ	3	Formulary Addition		10/01/2023		
AREXVY INJ 120MCG	3	Formulary Addition		10/01/2023		
SUFLAVE SOL	4	Formulary Addition		10/01/2023		
TOLAK CRE 4%	4	Formulary Addition	Quantity Limit (40 gm every 30 days)	10/01/2023		

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LEVO-T TAB 25MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 50MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 75MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 88MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 100MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 112MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 125MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 137MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 150MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 175MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 200 MCG	1	Formulary Addition		10/01/2023		
LEVO-T TAB 300 MCG	1	Formulary Addition		10/01/2023		
POT CHLORIDE INJ 20MEQ	2	Formulary Addition		10/01/2023		
JENTADUETO TAB 2.5-850	3	Formulary Addition	Quantity Limit (60 tabs every 30 days)	10/01/2023		

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SAXAGLIPTIN TAB 2.5MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	10/01/2023		
SAXAGLIPTIN TAB 5MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	10/01/2023		
SAXA/METFOR TAB 2.5-1000	2	Formulary Addition	Quantity Limit (60 tabs every 30 days)	10/01/2023		
SAXA/METFOR TAB 5-1000MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	10/01/2023		
SAXA/METFOR TAB 5-500MG	2	Formulary Addition	Quantity Limit (30 tabs every 30 days)	10/01/2023		
HALOETTE MIS	2	Formulary Addition		10/01/2023		
FREAMINE III INJ 10%	4	Formulary Deletion		10/01/2023	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	Tier 4
INFUGEM SOL 1200MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 1300MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 1400MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 1500MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 1600MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 1700MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 1800MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2

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INFUGEM SOL 1900MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 2000MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
INFUGEM SOL 2200MG	5	Formulary Deletion		10/01/2023	GEMCITABINE HCL INJ	Tier 2
STAVUDINE CAP 15MG	2	Formulary Deletion		10/01/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 2
STAVUDINE CAP 20MG	2	Formulary Deletion		10/01/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 2
STAVUDINE CAP 30MG	2	Formulary Deletion		10/01/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 2
STAVUDINE CAP 40MG	2	Formulary Deletion		10/01/2023	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 2
CAPLYTA CAP 10.5MG	5	Formulary Change	Prior Authorization no longer required	10/01/2023		
CAPLYTA CAP 21MG	5	Formulary Change	Prior Authorization no longer required	10/01/2023		
CAPLYTA CAP 42MG	5	Formulary Change	Prior Authorization no longer required	10/01/2023		

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VANCOMYCIN SOL 250/5ML	2	Tier Change	Tier 4 to Tier 2	10/01/2023		
LISDEXAMFETA CAP 10MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (60 caps every 30 days)	11/01/2023		
LISDEXAMFETA CAP 20MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (60 caps every 30 days)	11/01/2023		
LISDEXAMFETA CAP 30MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (60 caps every 30 days)	11/01/2023		
LISDEXAMFETA CHW 10MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	11/01/2023		
LISDEXAMFETA CHW 20MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	11/01/2023		
LISDEXAMFETA CHW 30MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (60 tabs every 30 days)	11/01/2023		
TRETINOIN GEL 0.08%	5	Formulary Addition	Prior Authorization Required, Quantity Limit (50 gm every 30 days)	11/01/2023		
LISDEXAMFETA CAP 40MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	11/01/2023		
LISDEXAMFETA CAP 50MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	11/01/2023		

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LISDEXAMFETA CAP 60MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	11/01/2023		
LISDEXAMFETA CAP 70MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	11/01/2023		
LISDEXAMFETA CHW 40MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	11/01/2023		
LISDEXAMFETA CHW 50MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	11/01/2023		
LISDEXAMFETA CHW 60MG	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 tabs every 30 days)	11/01/2023		
TIOTROP BROM CAP 18MCG	2	Formulary Addition	Quantity Limit (30 caps every 30 days)	11/01/2023		
FIASP PMPCRT INJ U-100	3	Formulary Addition	Prior Authorization Required	11/01/2023		
VANFLYTA TAB 17.7MG	5	Formulary Addition	Prior Authorization Required	11/01/2023		
VANFLYTA TAB 26.5MG	5	Formulary Addition	Prior Authorization Required	11/01/2023		
XDEMVEY DRO 0.25%	5	Formulary Addition	Prior Authorization Required	11/01/2023		
NGENLA INJ 24/1.2ML	5	Formulary Addition	Prior Authorization Required	11/01/2023		
NGENLA INJ 60/1.2ML	5	Formulary Addition	Prior Authorization Required	11/01/2023		

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OPVEE SPR 2.7/0.1	4	Formulary Addition		11/01/2023		
THEOPHYLLINE TAB 100MG ER	2	Formulary Addition		11/01/2023		
THEOPHYLLINE TAB 200MG ER	2	Formulary Addition		11/01/2023		
JOYEAUX TAB 0.1-20	2	Formulary Addition		11/01/2023		
BRIMONIDINE SOL 0.1%	2	Formulary Addition		11/01/2023		
ENILLORING MIS	2	Formulary Addition		11/01/2023		
AVITA CRE 0.025%	2	Formulary Deletion		11/01/2023	TRETINOIN CREAM 0.025%	Tier 2
ISOPTO ATROP SOL 1% OP	3	Formulary Deletion		11/01/2023	ATROPINE SULFATE OPHTH SOLN 1%	Tier 2
NEVIRAPINE TAB 100MG	2	Formulary Deletion		11/01/2023	NEVIRAPINE TAB 400MG ER	Tier 2
ORTIKOS CAP 6MG ER	5	Formulary Deletion		11/01/2023	BUDESONIDE CAP DR	Tier 2
ORTIKOS CAP 9MG ER	5	Formulary Deletion		11/01/2023	BUDESONIDE CAP DR	Tier 2
OXANDROLONE TAB 10MG	2	Formulary Deletion		11/01/2023	Consult Your Health Care Provider	
OXANDROLONE TAB 2.5MG	2	Formulary Deletion		11/01/2023	Consult Your Health Care Provider	
AMPHET/DEXTR CAP 12.5 ER	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	12/1/2023		

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AMPHET/DEXTR CAP 25MG ER	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	12/1/2023		
AMPHET/DEXTR CAP 37.5 ER	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	12/1/2023		
AMPHET/DEXTR CAP 50MG ER	2	Formulary Addition	Prior Authorization Required, Quantity Limit (30 caps every 30 days)	12/1/2023		
LITHIUM SOL 8MEQ/5ML	4	Formulary Addition		12/1/2023		
BREO ELLIPTA INH 50- 25MCG	3	Formulary Addition	Quantity Limit (60 blisters every 30 days)	12/1/2023		
CLIND/BENZ GEL 1.2-3.75	2	Formulary Addition	Quantity Limit (50 gm every 30 days)	12/1/2023		
CEFACLOX SUS 125/5ML	2	Formulary Deletion		12/1/2023	CEFACLOX SUS 250MG/5ML	Tier 2
CEFACLOX SUS 375/5ML	2	Formulary Deletion		12/1/2023	CEFACLOX SUS 250MG/5ML	Tier 2
CEFTAZIDIME/ SOL D5W 1GM	4	Formulary Deletion		12/1/2023	CEFTAZIDIME INJ	Tier 2
CEFTAZIDIME/ SOL D5W 2GM	4	Formulary Deletion		12/1/2023	CEFTAZIDIME INJ	Tier 2
GLOPERBA SOL 0.6/5ML	4	Formulary Deletion		12/1/2023	COLCHICINE TAB 0.6MG	Tier 2
LILLOW TAB 0.15/30	2	Formulary Deletion		12/1/2023	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG- MCG	Tier 2

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TRICARE TAB PRENATAL	3	Formulary Deletion		12/1/2023	PRENATAL TAB 27-1MG; M- NATAL PLUS TAB	Tier 3
PHENYTEK CAP 200MG	2	Tier Change	Tier 4 to Tier 2	12/1/2023		
PHENYTEK CAP 300MG	2	Tier Change	Tier 4 to Tier 2	12/1/2023		