

VIVA MEDICARE

IMPORTANT 2017 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ALYACEN TAB 1/35	2	Added to 2017 Formulary		3/1/2017		
ERGOT/CAFFEN TAB 1-100MG	2	Added to 2017 Formulary		3/1/2017		
NORETH/ETHIN TAB 1/20	2	Added to 2017 Formulary		3/1/2017		
LORCET HD TAB 10-325MG	2	Added to 2017 Formulary	Quantity Limit (360 per 30 days)	3/1/2017		
ARISTADA INJ 441MG/1.	5	Added to 2017 Formulary	Quantity Limit (1 syringe per 28 d)	3/1/2017		
ARISTADA INJ 662MG/2	5	Added to 2017 Formulary	Quantity Limit (1 syringe per 28 d)	3/1/2017		
ARISTADA INJ 882MG/3	5	Added to 2017 Formulary	Quantity Limit (1 syringe per 28 d)	3/1/2017		
ALA-CORT CRE 2.5%	1	Added to 2017 Formulary		3/1/2017		

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FEMYNOR TAB 0.25-35	2	Added to 2017 Formulary		3/1/2017		
ADRIAMYCIN INJ 20MG	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
GAMASTAN S/D INJ	3	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
VASCEPA CAP 0.5GM	4	Added to 2017 Formulary		3/1/2017		
NAMZARIC CAP	4	Added to 2017 Formulary		3/1/2017		
NYATA POW 100000	2	Added to 2017 Formulary		3/1/2017		
OSELTAMIVIR CAP 75MG	2	Added to 2017 Formulary		3/1/2017		
EZETIMIBE TAB 10MG	2	Added to 2017 Formulary		3/1/2017		

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APREPITANT CAP 80MG	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
APREPITANT CAP 125MG	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
RASAGILINE TAB 1MG	2	Added to 2017 Formulary		3/1/2017		
RASAGILINE TAB 0.5MG	2	Added to 2017 Formulary		3/1/2017		
APREPITANT CAP 40MG	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
OSELTAMIVIR CAP 30MG	2	Added to 2017 Formulary		3/1/2017		
OSELTAMIVIR CAP 45MG	2	Added to 2017 Formulary		3/1/2017		
AZITHROMYCIN TAB 500MG	1	Added to 2017 Formulary		3/1/2017		

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APREPITANT PAK 80 & 125	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
LOPIN/RITON SOL 80-20/ML	5	Added to 2017 Formulary		3/1/2017		
FLUOCINONIDE CRE -E 0.05%	2	Added to 2017 Formulary		3/1/2017		
TIGECYCLINE INJ 50MG	5	Added to 2017 Formulary		3/1/2017		
LEVETIRACETA INJ 15MG/ML	2	Added to 2017 Formulary		3/1/2017		
DOCETAXEL INJ 80MG/4ML	5	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
TILIA FE TAB	2	Added to 2017 Formulary		3/1/2017		
LEVALBUTEROL NEB 1.25/0.5	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		

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LEVETIRACETA INJ 5MG/ML	2	Added to 2017 Formulary		3/1/2017		
RANITIDINE INJ 150/6ML	2	Added to 2017 Formulary		3/1/2017		
ETHYNODIOL TAB 1-50	2	Added to 2017 Formulary		3/1/2017		
GENGRAF CAP 50MG	2	Added to 2017 Formulary	B vs D Prior Auth	3/1/2017		
LEVETIRACETA INJ 10MG/ML	2	Added to 2017 Formulary		3/1/2017		
CERVARIX INJ	3	Removed from formulary		3/1/2017	GARDASIL INJ	3
STAVUDINE SOL 1MG/ML	2	Removed from formulary		3/1/2017	Zerit 1mg/mL Sol	5
PLASMA-LYTE INJ 56/D5W	4	Removed from formulary		3/1/2017	PLASMA-LYTE INJ -148	4

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A-HYDROCORT INJ 100MG	2	Removed from formulary		3/1/2017	dexamethasone sod phosphate inj 100 mg/10ml	2
RUBRACA TAB 300MG	5	Added to 2017 Formulary	Prior Auth required	4/1/2017		
RUBRACA TAB 200MG	5	Added to 2017 Formulary	Prior Auth required	4/1/2017		
SELZENTRY TAB 25MG	4	Added to 2017 Formulary		4/1/2017		
SELZENTRY TAB 75MG	5	Added to 2017 Formulary		4/1/2017		
POT CL MICRO TAB 10MEQ ER	2	Added to 2017 Formulary		4/1/2017		
POT CL MICRO TAB 20MEQ ER	2	Added to 2017 Formulary		4/1/2017		
BROMSITE DRO 0.075%	4	Added to 2017 Formulary		4/1/2017		

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POT CHLORIDE TAB 10MEQ ER	2	Removed from formulary		4/1/2017	POT CL MICRO TAB 10MEQ ER	2
POT CHLORIDE TAB 20MEQ ER	2	Removed from formulary		4/1/2017	POT CL MICRO TAB 20MEQ ER	2
VEMLIDY TAB 25MG	5	Added to 2017 Formulary		5/1/2017		
PIPER/TAZOBA INJ 12-1.5GM	2	Added to 2017 Formulary		5/1/2017		
LINZESS CAP 72MCG	3	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	5/1/2017		
METHERGINE TAB 0.2MG	2	Added to 2017 Formulary		5/1/2017		
DESVENLAFAX TAB 25MG ER	2	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	5/1/2017		
DESVENLAFAX TAB 50MG ER	2	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	5/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
DESVENLAFAX TAB 100MG ER	2	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	5/1/2017		
METHYLPR SS INJ 125MG	2	Added to 2017 Formulary		5/1/2017		
METHYLPR SS INJ 1000MG	2	Removed from formulary		5/1/2017	METHYLPR SS INJ 125MG	2
DOCETAXEL INJ 140/7ML	5	Removed from formulary		5/1/2017	DOCETAXEL INJ 160/8ML	5
VITEKTA TAB 85MG	5	Removed from formulary		5/1/2017	TIVICAY TAB 25MG	5
VITEKTA TAB 150MG	5	Removed from formulary		5/1/2017	TIVICAY TAB 50MG	5
LEVOLEUCOVOR INJ 175MG	5	Added to 2017 Formulary	B vs D Prior Auth	6/1/2017		
BUSULFAN INJ 6MG/ML	5	Added to 2017 Formulary	B vs D Prior Auth	6/1/2017		

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MG SO4/D5W INJ 10MG/ML	2	Added to 2017 Formulary		6/1/2017		
GAMMAPLEX INJ 10/100ML	5	Added to 2017 Formulary	Prior Auth required	6/1/2017		
GAMMAPLEX INJ 20/200	5	Added to 2017 Formulary	Prior Auth required	6/1/2017		
GAMMAPLEX INJ 5G/50ML	5	Added to 2017 Formulary	Prior Auth required	6/1/2017		
TAZAROTENE CRE 0.1%	2	Added to 2017 Formulary	Prior Auth required	6/1/2017		
TAMIFLU CAP 30MG	3	Removed from formulary		6/1/2017	OSELTAMIVIR CAP 30MG	2
TAMIFLU CAP 45MG	3	Removed from formulary		6/1/2017	OSELTAMIVIR CAP 45MG	2
TAMIFLU CAP 75MG	3	Removed from formulary		6/1/2017	OSELTAMIVIR CAP 75MG	2

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XOPENEX HFA AER	3	Removed from formulary		6/1/2017	LEVALBUTEROL AER 45/ACT	2
VAGIFEM TAB 10MCG	4	Removed from formulary		6/1/2017	YUVAFEM TAB 10MCG	2
ILOTYCIN OIN OP	1	Removed from formulary		6/1/2017	ERYTHROMYCIN OIN OP	1
NITROSTAT SUB 0.3MG	3	Removed from formulary		6/1/2017	NITROGLYCERN SUB 0.3MG	2
NITROSTAT SUB 0.4MG	3	Removed from formulary		6/1/2017	NITROGLYCERN SUB 0.4MG	2
NITROSTAT SUB 0.6MG	3	Removed from formulary		6/1/2017	NITROGLYCERI SUB 0.6MG	2
NILANDRON TAB 150MG	5	Removed from formulary		6/1/2017	NILUTAMIDE TAB 150MG	5
CAFERGOT TAB 1-100MG	4	Removed from formulary		6/1/2017	ERGOT/CAFFEN TAB 1-100MG	2

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ASACOL HD TAB 800MG	4	Removed from formulary		6/1/2017	MESALAMINE TAB 800MG DR	2
ZETIA TAB 10MG	3	Removed from formulary		6/1/2017	EZETIMIBE TAB 10MG	2
SEROQUEL XR TAB 50MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 50MG ER	2
SEROQUEL XR TAB 150MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 150MG ER	2
SEROQUEL XR TAB 200MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 200MG ER	2
SEROQUEL XR TAB 400MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 400MG ER	2
SEROQUEL XR TAB 300MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 300MG ER	2
AZILECT TAB 0.5MG	3	Removed from formulary		6/1/2017	RASAGILINE TAB 0.5MG	2

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AZILECT TAB 1MG	3	Removed from formulary		6/1/2017	RASAGILINE TAB 1MG	2
EPZICOM TAB 600-300	5	Removed from formulary		6/1/2017	ABACA/LAMIVU TAB 600-300	5
ESBRIET TAB 267MG	5	Added to 2017 Formulary	Prior Auth required	7/1/2017		
ESBRIET TAB 801MG	5	Added to 2017 Formulary	Prior Auth required	7/1/2017		
KISQALI TAB 200DOSE	5	Added to 2017 Formulary	New Start Prior Auth required	7/1/2017		
KISQALI TAB 400DOSE	5	Added to 2017 Formulary	New Start Prior Auth required	7/1/2017		
KISQALI TAB 600DOSE	5	Added to 2017 Formulary	New Start Prior Auth required	7/1/2017		
KINRIX INJ	3	Added to 2017 Formulary		7/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ROWEEPRA TAB 1000MG	2	Added to 2017 Formulary		7/1/2017		
ROWEEPRA TAB 750MG	2	Added to 2017 Formulary		7/1/2017		
ZEJULA CAP 100MG	5	Added to 2017 Formulary	New Start Prior Auth required	7/1/2017		
ZYTIGA TAB 500MG	5	Added to 2017 Formulary	New Start Prior Auth required	7/1/2017		
HERCEPTIN INJ 150MG	5	Added to 2017 Formulary	New Start Prior Auth required	7/1/2017		
DOCETAXEL INJ 200/10	5	Added to 2017 Formulary	B vs D Prior Auth	7/1/2017		
RYDAPT CAP 25MG	5	Added to 2017 Formulary	New Start Prior Auth required	8/1/2017		
ALUNBRIG TAB 30MG	5	Added to 2017 Formulary	New Start Prior Auth required	8/1/2017		
XATMEP SOL 2.5MG/ML	4	Added to 2017 Formulary	B vs D Prior Auth	8/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
KISQALI 200 PAK FEMARA	5	Added to 2017 Formulary	New Start Prior Auth required	8/1/2017		
KISQALI 400 PAK FEMARA	5	Added to 2017 Formulary	New Start Prior Auth required	8/1/2017		
KISQALI 600 PAK FEMARA	5	Added to 2017 Formulary	New Start Prior Auth required	8/1/2017		
ATOMOXETINE CAP 10MG	2	Added to 2017 Formulary	Quantity Limit (120 per 30 days)	8/1/2017		
ATOMOXETINE CAP 18MG	2	Added to 2017 Formulary	Quantity Limit (120 per 30 days)	8/1/2017		
ATOMOXETINE CAP 25MG	2	Added to 2017 Formulary	Quantity Limit (120 per 30 days)	8/1/2017		
ATOMOXETINE CAP 40MG	2	Added to 2017 Formulary	Quantity Limit (60 per 30 days)	8/1/2017		
ATOMOXETINE CAP 60MG	2	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	8/1/2017		
ATOMOXETINE CAP 80MG	2	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	8/1/2017		
ATOMOXETINE CAP 100MG	2	Added to 2017 Formulary	Quantity Limit (30 per 30 days)	8/1/2017		
RUBRACA TAB 250MG	5	Added to 2017 Formulary	New Start Prior Auth required	8/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
OLOPATADINE SOL 0.2%	2	Added to 2017 Formulary		8/1/2017		
POT CHLORIDE POW 20MEQ	2	Added to 2017 Formulary		8/1/2017		
AMINOSYN II INJ 7%	4	Removed from formulary		8/1/2017	AMINOSYN-HBC INJ 7%	4
DOCETAXEL INJ 200MG/20	5	Removed from formulary		8/1/2017	DOCETAXEL INJ 200/10	5
KLOR-CON POW 20MEQ	2	Removed from formulary		8/1/2017	POT CHLORIDE POW 20MEQ	2
ARISTADA INJ 1064MG	5	Added to 2017 Formulary	Quantity Limit (1 injection every 56 days)	9/1/2017		
CLINDMYC/NAC INJ 300/50ML	4	Added to 2017 Formulary		9/1/2017		
CLINDMYC/NAC INJ 600/50ML	4	Added to 2017 Formulary		9/1/2017		
CLINDMYC/NAC INJ 900/50ML	4	Added to 2017 Formulary		9/1/2017		
DIASTAT ACDL GEL 12.5-20	4	Added to 2017 Formulary		9/1/2017		
DIASTAT ACDL GEL 5-10MG	4	Added to 2017 Formulary		9/1/2017		

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DIASTAT PED GEL 2.5M GEL	4	Added to 2017 Formulary		9/1/2017		
DOXORUBICIN INJ 10MG	2	Added to 2017 Formulary	B vs D Prior Auth	9/1/2017		
ISENTRESS HD TAB 600MG	5	Added to 2017 Formulary		9/1/2017		
MOXIFLOXACIN SOL 0.5%	2	Added to 2017 Formulary		9/1/2017		
PICATO GEL 0.015%	3	Added to 2017 Formulary		9/1/2017		
PICATO GEL 0.05%	3	Added to 2017 Formulary		9/1/2017		
RESTASIS MUL EMU 0.05%	3	Added to 2017 Formulary	Quantity Limit (1 bottle every 30 days)	9/1/2017		
SELZENTRY SOL 20MG/ML	5	Added to 2017 Formulary		9/1/2017		
TESTOSTERONE SOL 30MG/ACT	2	Added to 2017 Formulary	Prior Auth Required; Quantity Limit (300 grams every 30 days)	9/1/2017		
LEVETIRACETA INJ 10MG/ML	2	Tier 4 to Tier 2		9/1/2017		
LEVETIRACETA INJ 15MG/ML	2	Tier 4 to Tier 2		9/1/2017		

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LEVETIRACETA INJ 5MG/ML	2	Tier 4 to Tier 2		9/1/2017		