

VIVA MEDICARE
IMPORTANT 2020 5-T STANDARD FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
DEFERASIROX TAB 360MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
DEFERASIROX TAB 90MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
DOCETAXEL INJ 160/8ML	5	Added to 2020 Formulary	B vs. D Prior Authorization Required	2/1/2020		
DRIZALMA CAP 20MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
DRIZALMA CAP 30MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
DRIZALMA CAP 40MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (90 caps every 30 days)	2/1/2020		
DRIZALMA CAP 60MG DR	4	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2020		
EVEROLIMUS TAB 2.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
EVEROLIMUS TAB 5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		

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EVEROLIMUS TAB 7.5MG	5	Added to 2020 Formulary	New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2020		
LOKELMA PAK 10GM	3	Added to 2020 Formulary		2/1/2020		
LOKELMA PAK 5GM	3	Added to 2020 Formulary		2/1/2020		
NAYZILAM SPR 5MG	4	Added to 2020 Formulary		2/1/2020		
NITISINONE CAP 10MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
NITISINONE CAP 2MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
NITISINONE CAP 5MG	5	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
OSPHENA TAB 60MG	3	Added to 2020 Formulary	Prior Authorization Required	2/1/2020		
PENTAMIDINE INH 300MG	2	Added to 2020 Formulary	B vs. D Prior Authorization Required	2/1/2020		
POSACONAZOLE TAB 100MG DR	5	Added to 2020 Formulary	Quantity Limit (93 tabs every 30 days)	2/1/2020		
ROZLYTREK CAP 100MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	2/1/2020		
ROZLYTREK CAP 200MG	5	Added to 2020 Formulary	New Start Prior Authorization Required	2/1/2020		
TEMIXYS TAB 300-300	5	Added to 2020 Formulary		2/1/2020		
TIADYLT ER CAP 360MG/24	2	Added to 2020 Formulary		2/1/2020		

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D5W/NACL INJ 0.33%	2	Removed from 2020 Formulary		2/1/2020	D5W/NACL INJ 0.225%	2
DELYLA TAB 0.1-0.02	2	Removed from 2020 Formulary		2/1/2020	AVIANE TAB	2
KCL/D5W/NACL INJ	2	Removed from 2020 Formulary		2/1/2020	KCL/D5W/NACL INJ .15-.45%	2
MORGIDOX CAP 1X50MG	2	Removed from 2020 Formulary		2/1/2020	DOXYCYCLINE HYCLATE CAP 50 MG	2
NORLYROC TAB 0.35MG	2	Removed from 2020 Formulary		2/1/2020	CAMILA TAB 0.35MG	2
REBETOL SOL 40MG/ML	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBASPHERE CAP 200MG	2	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN CAP 200MG	2
RIBASPHERE TAB 200MG	2	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN TAB 200MG	2
RIBASPHERE TAB 600MG	5	Removed from 2020 Formulary		2/1/2020	RIBAVIRIN CAP 200MG	2
ZYKADIA CAP 150MG	5	Removed from 2020 Formulary	New Start Prior Authorization Required	2/1/2020	ZYKADIA TAB 150MG	5
PRALUENT INJ 150MG/ML	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
PRALUENT INJ 75MG/ML	3	Tier Change Tier 4 to Tier 3	Prior Authorization Required	2/1/2020		
RESTASIS EMU 0.05%	3	Tier Change Tier 4 to Tier 3	Quantity Limit (60 vials every 30 days)	2/1/2020		
TRINTELLIX TAB 10MG	4	Prior Authorization Removed	Quantity Limit (60 tabs every 30 days)	2/1/2020		

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TRINTELLIX TAB 20MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
TRINTELLIX TAB 5MG	4	Prior Authorization Removed	Quantity Limit (120 tabs every 30 days)	2/1/2020		
VIIBRYD KIT STARTER	4	Prior Authorization Removed		2/1/2020		
VIIBRYD TAB 10MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
VIIBRYD TAB 20MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		
VIIBRYD TAB 40MG	4	Prior Authorization Removed	Quantity Limit (30 tabs every 30 days)	2/1/2020		