

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|-----------------------|------|-------------------------|--|----------------|------------------|-----------------------|
| CLOCORTOLONE CRE 0.1% | 2 | Added to 2020 Formulary | | 2/1/2020 | | |
| 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 | | |
| EGRIFTA SV INJ 2MG | 5 | Added to 2020 Formulary | Prior Authorization Required | 2/1/2020 | | |

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|-------------------------|------|-------------------------|--|----------------|------------------|-----------------------|
| 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 | | |
| EVEROLIMUS TAB 7.5MG | 5 | Added to 2020 Formulary | New Start Prior Authorization Required; Quantity Limit (30 tabs every 30 days) | 2/1/2020 | | |
| FENTANYL CIT TAB 100MCG | 5 | Added to 2020 Formulary | Prior Authorization Required; Quantity Limit (120 tabs every 30 days) | 2/1/2020 | | |
| HALCINONIDE CRE 0.1% | 2 | Added to 2020 Formulary | Quantity Limit (240 gm every 30 days) | 2/1/2020 | | |
| KETODAN AER 2% | 2 | Added to 2020 Formulary | Quantity Limit (100 gm every 30 days) | 2/1/2020 | | |
| MESALAMINE CAP 0.375GM | 2 | Added to 2020 Formulary | | 2/1/2020 | | |
| METRONIDAZOL INJ 5MG/ML | 2 | Added to 2020 Formulary | | 2/1/2020 | | |
| NAFTIFINE GEL 1% | 2 | Added to 2020 Formulary | Quantity Limit (90 gm every 30 days) | 2/1/2020 | | |
| NAYZILAM SPR 5MG | 4 | Added to 2020 Formulary | | 2/1/2020 | | |

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|---------------------------|------|-------------------------|--|----------------|------------------|-----------------------|
| 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 | | |
| 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 | | |
| SIKLOS TAB 1000MG | 5 | Added to 2020 Formulary | | 2/1/2020 | | |
| SIKLOS TAB 100MG | 4 | Added to 2020 Formulary | | 2/1/2020 | | |
| SUCRALFATE SUS 1GM/10ML | 2 | Added to 2020 Formulary | | 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 | | |
| VANCOMYCIN SOL 250/5ML | 4 | Added to 2020 Formulary | | 2/1/2020 | | |

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|------------------------|------|-----------------------------|--|----------------|--|-----------------------|
| VYNDAMAX CAP 61MG | 5 | Added to 2020 Formulary | Prior Authorization Required; Quantity Limit (30 caps every 30 days) | 2/1/2020 | | |
| ZELNORM TAB 6MG | 4 | Added to 2020 Formulary | Prior Authorization Required; Quantity Limit (60 tabs every 30 days) | 2/1/2020 | | |
| AZELEX CRE 20% | 4 | Removed from 2020 Formulary | | 2/1/2020 | AZELAIC ACID GEL 15% | 2 |
| BACTROBAN OIN NASAL 2% | 4 | Removed from 2020 Formulary | | 2/1/2020 | MUPIROCIN OINT 2% | 1 |
| CLARINEX SYP 0.5MG/ML | 4 | Removed from 2020 Formulary | | 2/1/2020 | CETIRIZINE SOL 1MG/ML | 1 |
| 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 |
| ESOMEPRAZOLE INJ 20MG | 2 | Removed from 2020 Formulary | | 2/1/2020 | PANTOPRAZOLE INJ SOD 40MG | 2 |
| FENTORA TAB 100MCG | 5 | Removed from 2020 Formulary | Prior Authorization Required; Quantity Limit (120 tabs per 30 days) | 2/1/2020 | FENTANYL CITRATE BUCCAL TABLET 100 MCG | 5 |
| 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 |

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| | | | | | | |
|-------------------------|---|---------------------------------|--|----------|--|---|
| NADOLOL/BEND TAB 40-5MG | 2 | Removed from 2020 Formulary | | 2/1/2020 | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG | 1 |
| NORLYROC TAB 0.35MG | 2 | Removed from 2020 Formulary | | 2/1/2020 | CAMILA TAB 0.35MG | 2 |
| PROMETHAZINE SUP 50MG | 4 | Removed from 2020 Formulary | Prior Authorization Required | 2/1/2020 | PROMETHEGAN SUP 50MG | 4 |
| REBETOL SOL 40MG/ML | 5 | Removed from 2020 Formulary | | 2/1/2020 | RIBAVIRIN TAB 200MG | 2 |
| RIBAPAK PAK 1200/DAY | 5 | Removed from 2020 Formulary | | 2/1/2020 | RIBAVIRIN TAB 200MG | 2 |
| RIBAPAK TAB 1000/DAY | 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 TAB 200MG | 2 |
| SOLOXIDE TAB 150MG DR | 2 | Removed from 2020 Formulary | | 2/1/2020 | DOXYCYCLINE HYCLATE TAB DR 150 MG | 2 |
| STRIANT MIS 30MG | 4 | Removed from 2020 Formulary | Prior Authorization Required; Quantity Limit (60 buccal systems per 30 days) | 2/1/2020 | TESTOSTERONE TD SOLN 30 MG/ACT | 2 |
| ZYKADIA CAP 150MG | 5 | Removed from 2020 Formulary | New Start Prior Authorization Required | 2/1/2020 | ZYKADIA TAB 150MG | 5 |
| LOKELMA PAK 10GM | 3 | Tier Change Tier 4 to Tier 3 | | 2/1/2020 | | |

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|-----------------------|------|-----------------------------------|---------------------------------|----------------|------------------|-----------------------|
| LOKELMA PAK 5GM | 3 | Tier Change Tier 4 to Tier 3 | | 2/1/2020 | | |
| OSPHENA TAB 60MG | 3 | Tier Change Tier 4 to Tier 3 | Prior Authorization Required | 2/1/2020 | | |
| 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 | | 2/1/2020 | | |
| TRINTELLIX TAB 10MG | 4 | Prior Authorization Removed | | 2/1/2020 | | |
| TRINTELLIX TAB 20MG | 4 | Prior Authorization Removed | | 2/1/2020 | | |
| TRINTELLIX TAB 5MG | 4 | Prior Authorization Removed | | 2/1/2020 | | |
| VIIBRYD KIT STARTER | 4 | Prior Authorization Removed | | 2/1/2020 | | |
| VIIBRYD TAB 10MG | 4 | Prior Authorization Removed | | 2/1/2020 | | |
| VIIBRYD TAB 20MG | 4 | Prior Authorization Removed | | 2/1/2020 | | |

VIVA MEDICARE

IMPORTANT 2020 5-T PERFORMANCE FORMULARY UPDATES

| Drug Label Name | Tier | Description of Change | Requirements/Limits | Effective Date | Alternative Drug | Alternative Drug Tier |
|------------------------|-------------|------------------------------|----------------------------|-----------------------|-------------------------|------------------------------|
| VIIBRYD TAB 40MG | 4 | Prior Authorization Removed | | 2/1/2020 | | |