

# VIVA Medicare

## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

| Drug Label Name           | Tier | Description of Change | Requirements/Limits  | Effective Date | Alternative Drug | Alternative Drug Tier |
|---------------------------|------|-----------------------|--|----------------|------------------|-----------------------|
| DIFLUPREDNAT EMU<br>0.05% | 2    | Formulary Addition    |  | 02/02/2022     |                  |                       |
| E.E.S. 400 TAB 400MG      | 2    | Formulary Addition    |  | 02/02/2022     |                  |                       |
| EPCLUSA PAK 150-37.5      | 5    | Formulary Addition    | Prior Authorization Required   | 02/02/2022     |                  |                       |
| EPCLUSA PAK 200-50MG      | 5    | Formulary Addition    | Prior Authorization Required   | 02/02/2022     |                  |                       |
| EPRONTIA SOL<br>25MG/ML   | 4    | Formulary Addition    |  | 02/02/2022     |                  |                       |
| EVEROLIMUS TAB<br>10MG    | 5    | Formulary Addition    | Prior Authorization Required, Quantity Limit (30 tablets every 30 days)  | 02/02/2022     |                  |                       |
| EVEROLIMUS TAB 1MG        | 5    | Formulary Addition    | Prior Authorization Required   | 02/02/2022     |                  |                       |
| EVEROLIMUS TAB 2MG        | 5    | Formulary Addition    | Prior Authorization Required, Quantity Limit (150 tablets every 30 days) | 02/02/2022     |                  |                       |
| EVEROLIMUS TAB 3MG        | 5    | Formulary Addition    | Prior Authorization Required, Quantity Limit (90 tablets every 30 days)  | 02/02/2022     |                  |                       |
| EVEROLIMUS TAB 5MG        | 5    | Formulary Addition    | Prior Authorization Required, Quantity Limit (60 tablets every 30 days)  | 02/02/2022     |                  |                       |
| EXKIVITY CAP 40MG         | 5    | Formulary Addition    | Prior Authorization Required   | 02/02/2022     |                  |                       |
| INFLIXIMAB INJ 100MG      | 5    | Formulary Addition    | Prior Authorization Required   | 02/02/2022     |                  |                       |
| MAVYRET PAK 50-20MG       | 5    | Formulary Addition    | Prior Authorization Required   | 02/02/2022     |                  |                       |

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## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                            |   |                       |  |            |  |  |
|----------------------------|---|-----------------------|--|------------|--|--|
| MYRBETRIQ SUS<br>8MG/ML    | 4 | Formulary<br>Addition | Quantity Limit (300mL every<br>28 days)                                  | 02/02/2022 |  |  |
| NEBIVOLOL TAB 10MG         | 2 | Formulary<br>Addition | Quantity Limit (30 tablets<br>every 30 days)                             | 02/02/2022 |  |  |
| NEBIVOLOL TAB 2.5MG        | 2 | Formulary<br>Addition | Quantity Limit (30 tablets<br>every 30 days)                             | 02/02/2022 |  |  |
| NEBIVOLOL TAB 20MG         | 2 | Formulary<br>Addition | Quantity Limit (60 tablets<br>every 30 days)                             | 02/02/2022 |  |  |
| NEBIVOLOL TAB 5MG          | 2 | Formulary<br>Addition | Quantity Limit (30 tablets<br>every 30 days)                             | 02/02/2022 |  |  |
| OCTREOTIDE INJ<br>100MCG   | 2 | Formulary<br>Addition | Prior Authorization Required   | 02/02/2022 |  |  |
| OCTREOTIDE INJ<br>500MCG   | 5 | Formulary<br>Addition | Prior Authorization Required   | 02/02/2022 |  |  |
| OCTREOTIDE INJ<br>50MCG/ML | 2 | Formulary<br>Addition | Prior Authorization Required   | 02/02/2022 |  |  |
| PAROXETINE SUS<br>10MG/5ML | 4 | Formulary<br>Addition | Prior Authorization<br>Required, Quantity Limit<br>(900mL every 30 days) | 02/02/2022 |  |  |
| PROCTOSOL HC CRE<br>2.5%   | 2 | Formulary<br>Addition |  | 02/02/2022 |  |  |
| STAVUDINE CAP 15MG         | 2 | Formulary<br>Addition |  | 02/02/2022 |  |  |
| STAVUDINE CAP 20MG         | 2 | Formulary<br>Addition |  | 02/02/2022 |  |  |
| STAVUDINE CAP 30MG         | 2 | Formulary<br>Addition |  | 02/02/2022 |  |  |
| STAVUDINE CAP 40MG         | 2 | Formulary<br>Addition |  | 02/02/2022 |  |  |
| VARENICLINE TAB<br>0.5MG   | 2 | Formulary<br>Addition | Quantity Limit (56 tablets<br>every 28 days)                             | 02/02/2022 |  |  |

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## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                        |   |                             |   |            |                                    |        |
|------------------------|---|-----------------------------|---|------------|------------------------------------|--------|
| VARENICLINE TAB 1MG    | 2 | Formulary Addition          | Quantity Limit (56 tablets every 28 days) | 02/02/2022 |                                    |        |
| WELIREG TAB 40MG       | 5 | Formulary Addition          | Prior Authorization Required              | 02/02/2022 |                                    |        |
| BEKYREE TAB            | 2 | Formulary Deletion          |   | 02/02/2022 | KARIVA TAB 28 DAY                  | Tier 2 |
| CYCLAFEM TAB 1/35      | 2 | Formulary Deletion          |   | 02/02/2022 | NORTREL TAB 1/35                   | Tier 2 |
| CYCLAFEM TAB 7/7/7     | 2 | Formulary Deletion          |   | 02/02/2022 | NORTREL TAB 7/7/7                  | Tier 2 |
| FREAMINE HBC INJ 6.9%  | 4 | Formulary Deletion          | Prior Authorization Required              | 02/02/2022 | FREAMINE III INJ 10%               | Tier 4 |
| MINITRAN DIS 0.1MG/HR  | 2 | Formulary Deletion          |   | 02/02/2022 | NITROGLYCERIN TD PATCH             | Tier 2 |
| MINITRAN DIS 0.2MG/HR  | 2 | Formulary Deletion          |   | 02/02/2022 | NITROGLYCERIN TD PATCH             | Tier 2 |
| MINITRAN DIS 0.4MG/HR  | 2 | Formulary Deletion          |   | 02/02/2022 | NITROGLYCERIN TD PATCH             | Tier 2 |
| MINITRAN DIS 0.6MG/HR  | 2 | Formulary Deletion          |   | 02/02/2022 | NITROGLYCERIN TD PATCH             | Tier 2 |
| MONDOXYNE NL CAP 100MG | 2 | Formulary Deletion          |   | 02/02/2022 | DOXYCYCLINE MONOHYDRATE CAP 100 MG | Tier 2 |
| OMNIPOD MIS 5 PACK     | 4 | Quantity Limit Change       |   | 02/02/2022 |                                    |        |
| OMNIPOD MIS 5 PACK     | 4 | Quantity Limit Change       |   | 02/02/2022 |                                    |        |
| PREGABALIN CAP 100MG   | 2 | Prior Authorization Removed |   | 02/02/2022 |                                    |        |
| PREGABALIN CAP 150MG   | 2 | Prior Authorization Removed |   | 02/02/2022 |                                    |        |

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|                           |   |                                   |  |            |  |  |
|---------------------------|---|-----------------------------------|--|------------|--|--|
| PREGABALIN CAP<br>200MG   | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| PREGABALIN CAP<br>225MG   | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| PREGABALIN CAP 25MG       | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| PREGABALIN CAP<br>300MG   | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| PREGABALIN CAP 50MG       | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| PREGABALIN CAP 75MG       | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| PREGABALIN SOL<br>20MG/ML | 2 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| VRAYLAR CAP 1.5-3MG       | 4 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| VRAYLAR CAP 1.5MG         | 5 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |
| VRAYLAR CAP 3MG           | 5 | Prior<br>Authorization<br>Removed |  | 02/02/2022 |  |  |

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## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                           |   |                             |  |            |  |  |
|---------------------------|---|-----------------------------|--|------------|--|--|
| VRAYLAR CAP 4.5MG         | 5 | Prior Authorization Removed |  | 02/02/2022 |  |  |
| VRAYLAR CAP 6MG           | 5 | Prior Authorization Removed |  | 02/02/2022 |  |  |
| ATROPINE SUL SOL 1% OP    | 2 | Formulary Addition          |  | 03/01/2022 |  |  |
| BESREMI SOL 500MCG        | 5 | Formulary Addition          | Prior Authorization Required   | 03/01/2022 |  |  |
| BIKTARVY TAB              | 5 | Formulary Addition          |  | 03/01/2022 |  |  |
| CARGLUMIC TAB 200MG       | 5 | Formulary Addition          | Prior Authorization Required   | 03/01/2022 |  |  |
| CYCLOPHOSPHA INJ 2GM/10ML | 5 | Formulary Addition          | Prior Authorization Required   | 03/01/2022 |  |  |
| GVOKE KIT INJ 1MG/0.2     | 3 | Formulary Addition          |  | 03/01/2022 |  |  |
| NALOXONE SPR              | 2 | Formulary Addition          |  | 03/01/2022 |  |  |
| NYLIA TAB 1/35            | 2 | Formulary Addition          |  | 03/01/2022 |  |  |
| SCEMBLIX TAB 20MG         | 5 | Formulary Addition          | Prior Authorization Required, Quantity Limit (60 tablets every 30 days)  | 03/01/2022 |  |  |
| SCEMBLIX TAB 40MG         | 5 | Formulary Addition          | Prior Authorization Required, Quantity Limit (300 tablets every 30 days) | 03/01/2022 |  |  |
| TICOVAC INJ               | 3 | Formulary Addition          |  | 03/01/2022 |  |  |
| XARELTO SUS 1MG/ML        | 3 | Formulary Addition          | Quantity Limit (620mL every 30 days)                                     | 03/01/2022 |  |  |

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|                         |   |                           |   |            |                    |        |
|-------------------------|---|---------------------------|---|------------|--------------------|--------|
| ZARAH TAB 3-0.03MG      | 2 | Formulary Deletion        |   | 03/01/2022 | SYEDA TAB 3-0.03MG | Tier 2 |
| IVERMECTIN TAB 3MG      | 2 | Prior Authorization Added |   | 03/01/2022 |                    |        |
| AC CUTANE CAP 10MG      | 2 | Formulary Addition        | Prior Authorization Required  | 04/01/2022 |                    |        |
| DENG VAXIA SUS          | 3 | Formulary Addition        |   | 04/01/2022 |                    |        |
| MARAVIROC TAB 150MG     | 5 | Formulary Addition        |   | 04/01/2022 |                    |        |
| MARAVIROC TAB 300MG     | 5 | Formulary Addition        |   | 04/01/2022 |                    |        |
| PREHEVBRIO SUS 10MCG/ML | 3 | Formulary Addition        | Prior Authorization Required  | 04/01/2022 |                    |        |
| RINVOQ TAB 30MG         | 5 | Formulary Addition        | Prior Authorization Required, Quantity Limit (30 tablets every 30 days) | 04/01/2022 |                    |        |
| TRI-PREVFEM TAB         | 2 | Formulary Deletion        |   | 04/01/2022 | TRI-SPRINTEC TAB   | Tier 2 |
| AMPHOTERICIN INJ 50MG   | 5 | Formulary Addition        | Prior Authorization Required  | 05/01/2022 |                    |        |
| BETAINE ANHY POW        | 5 | Formulary Addition        |   | 05/01/2022 |                    |        |
| DESCOVY TAB 120-15MG    | 5 | Formulary Addition        |   | 05/01/2022 |                    |        |
| ERYTHROMYCIN INJ 500MG  | 5 | Formulary Addition        |   | 05/01/2022 |                    |        |
| KERENDIA TAB 10MG       | 3 | Formulary Addition        | Quantity Limit (30 tablets every 30 days)                               | 05/01/2022 |                    |        |
| KERENDIA TAB 20MG       | 3 | Formulary Addition        | Quantity Limit (30 tablets every 30 days)                               | 05/01/2022 |                    |        |

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## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                         |   |                    |  |            |  |  |
|-------------------------|---|--------------------|--|------------|--|--|
| KESIMPTA INJ 20/.4ML    | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (16 pens every year)    | 05/01/2022 |  |  |
| LENALIDOMIDE CAP 10MG   | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (28 caps every 28 days) | 05/01/2022 |  |  |
| LENALIDOMIDE CAP 15MG   | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (28 caps every 28 days) | 05/01/2022 |  |  |
| LENALIDOMIDE CAP 25MG   | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (21 caps every 28 days) | 05/01/2022 |  |  |
| LENALIDOMIDE CAP 5MG    | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (28 caps every 28 days) | 05/01/2022 |  |  |
| METRONIDAZOL INJ 5MG/ML | 2 | Formulary Addition |  | 05/01/2022 |  |  |
| NURTEC TAB 75MG ODT     | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (16 tabs every 30 days) | 05/01/2022 |  |  |
| NUZYRA INJ 100MG        | 5 | Formulary Addition |  | 05/01/2022 |  |  |
| NUZYRA TAB 150MG        | 5 | Formulary Addition |  | 05/01/2022 |  |  |
| ONDANSETRON INJ 4MG/2ML | 2 | Formulary Addition |  | 05/01/2022 |  |  |
| TALZENNA CAP 0.5MG      | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (30 caps every 30 days) | 05/01/2022 |  |  |
| TALZENNA CAP 0.75MG     | 5 | Formulary Addition | Prior Authorization Required, Quantity Limit (30 caps every 30 days) | 05/01/2022 |  |  |

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## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                      |   |                    |  |            |                         |        |
|----------------------|---|--------------------|--|------------|-------------------------|--------|
| VELPHORO CHW 500MG   | 5 | Formulary Addition | Quantity Limit (180 tablets every 30 days) | 05/01/2022 |                         |        |
| XIIDRA DRO 5%        | 3 | Formulary Addition |  | 05/01/2022 |                         |        |
| AMINOSYN-PF INJ 7%   | 4 | Formulary Deletion | Prior Authorization Required               | 05/01/2022 | TROPHAMINE INJ 10%      | Tier 4 |
| BYSTOLIC TAB 10MG    | 4 | Formulary Deletion | Quantity Limit (30 tabs every 30 days)     | 05/01/2022 | NEBIVOLOL TAB           | Tier 2 |
| BYSTOLIC TAB 2.5MG   | 4 | Formulary Deletion | Quantity Limit (30 tabs every 30 days)     | 05/01/2022 | NEBIVOLOL TAB           | Tier 2 |
| BYSTOLIC TAB 20MG    | 4 | Formulary Deletion | Quantity Limit (30 tabs every 60 days)     | 05/01/2022 | NEBIVOLOL TAB           | Tier 2 |
| BYSTOLIC TAB 5MG     | 4 | Formulary Deletion | Quantity Limit (30 tabs every 30 days)     | 05/01/2022 | NEBIVOLOL TAB           | Tier 2 |
| CEFUROXIME INJ 7.5GM | 2 | Formulary Deletion |  | 05/01/2022 | Cefuroxime INJ          | Tier 2 |
| CHANTIX PAK 1MG      | 4 | Formulary Deletion | Quantity Limit (56 tabs every 28 days)     | 05/01/2022 | VARENICLINE TAB         | Tier 2 |
| CHANTIX TAB 0.5MG    | 4 | Formulary Deletion | Quantity Limit (56 tabs every 28 days)     | 05/01/2022 | VARENICLINE TAB         | Tier 2 |
| CHANTIX TAB 1MG      | 4 | Formulary Deletion | Quantity Limit (56 tabs every 28 days)     | 05/01/2022 | VARENICLINE TAB         | Tier 2 |
| DUREZOL EMU 0.05%    | 3 | Formulary Deletion |  | 05/01/2022 | DIFLUPREDNATE EMU 0.05% | Tier 2 |
| NARCAN SPR           | 3 | Formulary Deletion |  | 05/01/2022 | NALOXONE HCL SPR        | Tier 2 |
| CHANTIX PAK 0.5& 1MG | 4 | QL Removed         |  | 05/01/2022 |                         |        |
| VELTASSA POW 25.2GM  | 3 | PA Removed         |  | 05/01/2022 |                         |        |
| VELTASSA POW 16.8GM  | 3 | PA Removed         |  | 05/01/2022 |                         |        |
| VELTASSA POW 8.4GM   | 3 | PA Removed         |  | 05/01/2022 |                         |        |

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|                             |   |                       |  |            |            |        |
|-----------------------------|---|-----------------------|--|------------|------------|--------|
| DEXLANSOPRAZ CAP<br>30MG DR | 2 | Formulary<br>Addition | Quantity Limit (30 caps<br>every 30 days)                                    | 06/01/2022 |            |        |
| DEXLANSOPRAZ CAP<br>60MG DR | 2 | Formulary<br>Addition | Quantity Limit (30 caps<br>every 30 days)                                    | 06/01/2022 |            |        |
| LACOSAMIDE SOL<br>200MG/20  | 5 | Formulary<br>Addition |  | 06/01/2022 |            |        |
| LACOSAMIDE TAB<br>100MG     | 2 | Formulary<br>Addition | Quantity Limit (60 tabs every<br>30 days)                                    | 06/01/2022 |            |        |
| LACOSAMIDE TAB<br>150MG     | 2 | Formulary<br>Addition | Quantity Limit (60 tabs every<br>30 days)                                    | 06/01/2022 |            |        |
| LACOSAMIDE TAB<br>200MG     | 2 | Formulary<br>Addition | Quantity Limit (60 tabs every<br>30 days)                                    | 06/01/2022 |            |        |
| LACOSAMIDE TAB<br>50MG      | 2 | Formulary<br>Addition | Quantity Limit (120 tabs<br>every 30 days)                                   | 06/01/2022 |            |        |
| OZEMPIC INJ 8MG/3ML         | 3 | Formulary<br>Addition | Quantity Limit (1 pen every<br>28 days)                                      | 06/01/2022 |            |        |
| PACLITAXEL INJ 100MG        | 5 | Formulary<br>Addition | Prior Authorization Required   | 06/01/2022 |            |        |
| QUADRACEL INJ 0.5ML         | 3 | Formulary<br>Addition |  | 06/01/2022 |            |        |
| RINVOQ TAB 45MG ER          | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit<br>(112 tabs every 365 days) | 06/01/2022 |            |        |
| TRIUMEQ PD TAB              | 5 | Formulary<br>Addition |  | 06/01/2022 |            |        |
| FARYDAK CAP 10MG            | 5 | Formulary<br>Deletion | Prior Authorization Required   | 06/01/2022 | XPOVIO PAK | Tier 5 |
| FARYDAK CAP 15MG            | 5 | Formulary<br>Deletion | Prior Authorization Required   | 06/01/2022 | XPOVIO PAK | Tier 5 |
| FARYDAK CAP 20MG            | 5 | Formulary<br>Deletion | Prior Authorization Required   | 06/01/2022 | XPOVIO PAK | Tier 5 |

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|                            |   |                       |  |            |                        |        |
|----------------------------|---|-----------------------|--|------------|------------------------|--------|
| BORTEZOMIB INJ<br>3.5MG    | 5 | Formulary<br>Addition | Prior Authorization Required   | 07/01/2022 |                        |        |
| CEFEPIME HCL INJ 2GM       | 2 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| LITHIUM SOL<br>8MEQ/5ML    | 4 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| OTEZLA TAB 10/20/30        | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit<br>(111 tabs every year)   | 07/01/2022 |                        |        |
| OTEZLA TAB 30MG            | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit (60<br>tabs every 30 days) | 07/01/2022 |                        |        |
| TRIZIVIR TAB               | 5 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| VARENICLINE PAK<br>0.5X1MG | 2 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| VERQUVO TAB 10MG           | 3 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| VERQUVO TAB 2.5MG          | 3 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| VERQUVO TAB 5MG            | 3 | Formulary<br>Addition |  | 07/01/2022 |                        |        |
| PREVIFEM TAB               | 2 | Formulary<br>Deletion |  | 07/01/2022 | SPRINTEC 28 TAB 28 DAY | Tier 2 |
| BEXAROTENE GEL 1%          | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit<br>(60gm every 30 days)    | 08/01/2022 |                        |        |
| CEFAZOLIN INJ 2GM          | 2 | Formulary<br>Addition |  | 08/01/2022 |                        |        |
| LACOSAMIDE SOL<br>10MG/ML  | 2 | Formulary<br>Addition | Quantity Limit (1,200mL<br>every 30 days)                                  | 08/01/2022 |                        |        |

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|                        |   |                    |   |            |  |  |
|------------------------|---|--------------------|---|------------|--|--|
| OMNIPOD 5 G6 KIT INTRO | 4 | Formulary Addition | Prior Authorization Required; Quantity Limit (1 kit every 365 days)   | 08/01/2022 |  |  |
| OMNIPOD 5 G6 MIS PODS  | 4 | Formulary Addition | Prior Authorization Required; Quantity Limit (15 pods every 30 days)  | 08/01/2022 |  |  |
| OMNIPOD DASH KIT INTRO | 4 | Formulary Addition | Prior Authorization Required; Quantity Limit (1 kit every 365 days)   | 08/01/2022 |  |  |
| ONDANSETRON TAB 24MG   | 2 | Formulary Addition | Prior Authorization Required  | 08/01/2022 |  |  |
| PEMETREXED INJ 1000MG  | 5 | Formulary Addition | Prior Authorization Required  | 08/01/2022 |  |  |
| PEMETREXED INJ 100MG   | 5 | Formulary Addition | Prior Authorization Required  | 08/01/2022 |  |  |
| PEMETREXED INJ 500MG   | 5 | Formulary Addition | Prior Authorization Required  | 08/01/2022 |  |  |
| PEMETREXED INJ 750MG   | 5 | Formulary Addition | Prior Authorization Required  | 08/01/2022 |  |  |
| PIRFENIDONE TAB 267MG  | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (270 tabs every 30 days) | 08/01/2022 |  |  |
| PIRFENIDONE TAB 801MG  | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (90 tabs every 30 days)  | 08/01/2022 |  |  |
| SORAFENIB TAB 200MG    | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (120 tabs every 30 days) | 08/01/2022 |  |  |
| VONJO CAP 100MG        | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (120 caps every 30 days) | 08/01/2022 |  |  |

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|                         |   |                    |   |            |                                   |        |
|-------------------------|---|--------------------|---|------------|-----------------------------------|--------|
| DEXILANT CAP 30MG DR    | 4 | Formulary Deletion | Quantity Limit (30 caps every 30 days)  | 08/01/2022 | DEXLANSOPRAZOLE CAP DR            | Tier 2 |
| DEXILANT CAP 60MG DR    | 4 | Formulary Deletion | Quantity Limit (30 caps every 30 days)  | 08/01/2022 | DEXLANSOPRAZOLE CAP DR            | Tier 2 |
| UKONIQ TAB 200MG        | 5 | Formulary Deletion | Prior Authorization Required            | 08/01/2022 | Consult Your Health Care Provider |        |
| VIMPAT TAB 100MG        | 5 | Formulary Deletion | Quantity Limit (60 tabs every 30 days)  | 08/01/2022 | LACOSAMIDE TAB                    | Tier 2 |
| VIMPAT TAB 150MG        | 5 | Formulary Deletion | Quantity Limit (60 tabs every 30 days)  | 08/01/2022 | LACOSAMIDE TAB                    | Tier 2 |
| VIMPAT TAB 200MG        | 5 | Formulary Deletion | Quantity Limit (60 tabs every 30 days)  | 08/01/2022 | LACOSAMIDE TAB                    | Tier 2 |
| VIMPAT TAB 50MG         | 4 | Formulary Deletion | Quantity Limit (120 tabs every 30 days) | 08/01/2022 | LACOSAMIDE TAB                    | Tier 2 |
| BIVIGAM INJ 10%         | 5 | Formulary Addition | Prior Authorization Required            | 09/01/2022 |                                   |        |
| DABIGATRAN CAP 75MG     | 2 | Formulary Addition | Quantity Limit (60 caps every 30 days)  | 09/01/2022 |                                   |        |
| FESOTERODINE TAB 4MG ER | 2 | Formulary Addition | Quantity Limit (30 tabs every 30 days)  | 09/01/2022 |                                   |        |
| FESOTERODINE TAB 8MG ER | 2 | Formulary Addition | Quantity Limit (30 tabs every 30 days)  | 09/01/2022 |                                   |        |
| PACLITAXEL INJ 100MG    | 5 | Formulary Addition | Prior Authorization Required            | 09/01/2022 |                                   |        |
| PRIORIX INJ             | 3 | Formulary Addition |   | 09/01/2022 |                                   |        |
| QUADRACEL INJ 0.5ML     | 3 | Formulary Addition |   | 09/01/2022 |                                   |        |
| TICOVAC INJ             | 3 | Formulary Addition |   | 09/01/2022 |                                   |        |
| VILAZODONE TAB 10MG     | 2 | Formulary Addition | Quantity Limit (30 tabs every 30 days)  | 09/01/2022 |                                   |        |

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## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                              |   |                       |  |            |               |        |
|------------------------------|---|-----------------------|--|------------|---------------|--------|
| VILAZODONE TAB<br>20MG       | 2 | Formulary<br>Addition | Quantity Limit (30 tabs every<br>30 days)  | 09/01/2022 |               |        |
| VILAZODONE TAB<br>40MG       | 2 | Formulary<br>Addition | Quantity Limit (30 tabs every<br>30 days)  | 09/01/2022 |               |        |
| METHYLDOPA TAB<br>250MG      | 2 | Formulary<br>Deletion | Prior Authorization Required   | 09/01/2022 | CLONIDINE TAB | Tier 1 |
| METHYLDOPA TAB<br>500MG      | 2 | Formulary<br>Deletion | Prior Authorization Required   | 09/01/2022 | CLONIDINE TAB | Tier 1 |
| EULEXIN CAP 125MG            | 5 | Formulary<br>Addition |  | 10/01/2022 |               |        |
| BORTEZOMIB INJ 1MG           | 5 | Formulary<br>Addition | Prior Authorization Required   | 10/01/2022 |               |        |
| BORTEZOMIB INJ<br>2.5MG      | 5 | Formulary<br>Addition | Prior Authorization Required   | 10/01/2022 |               |        |
| SKYRIZI SOL 60MG/ML          | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit (6<br>vials every year)          | 10/01/2022 |               |        |
| SKYRIZI INJ 150MG/ML         | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit (7<br>cartridges every 365 days) | 10/01/2022 |               |        |
| SODIUM/POTAS SOL<br>MAGNESIU | 2 | Formulary<br>Addition |  | 10/01/2022 |               |        |
| CAPLYTA CAP 10.5MG           | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit (30<br>caps every 30 days)       | 10/01/2022 |               |        |
| CAPLYTA CAP 21MG             | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit (30<br>caps every 30 days)       | 10/01/2022 |               |        |
| CALQUENCE TAB<br>100MG       | 5 | Formulary<br>Addition | Prior Authorization<br>Required; Quantity Limit (60<br>tabs every 30 days)       | 10/01/2022 |               |        |

# VIVA Medicare

## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                           |   |                    |   |            |                     |        |
|---------------------------|---|--------------------|---|------------|---------------------|--------|
| CAZANT PAK                | 2 | Formulary Deletion |   | 10/01/2022 | VELIVET PAK         | Tier 2 |
| DIGOX TAB 0.25MG          | 2 | Formulary Deletion | Quantity Limit (30 tabs every 30 days)                                | 10/01/2022 | DIGOXIN TAB 0.125MG | Tier 2 |
| DIGOX TAB 0.125MG         | 2 | Formulary Deletion | Quantity Limit (30 tabs every 30 days)                                | 10/01/2022 | DIGOXIN TAB 0.25MG  | Tier 2 |
| DABIGATRAN CAP 150MG      | 2 | Formulary Addition | Quantity Limit (60 caps every 30 days)                                | 11/01/2022 |                     |        |
| ZTALMY SUS 50MG/ML        | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (1,100 mL every 30 days) | 11/01/2022 |                     |        |
| QUETIAPINE TAB 150MG      | 2 | Formulary Addition |   | 11/01/2022 |                     |        |
| PIRFENIDONE TAB 534MG     | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (90 tabs every 30 days)  | 11/01/2022 |                     |        |
| LENALIDOMIDE CAP 2.5MG    | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (28 caps every 28 days)  | 11/01/2022 |                     |        |
| LENALIDOMIDE CAP 20MG     | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (21 caps every 28 days)  | 11/01/2022 |                     |        |
| IMBRUVICA SUS 70MG/ML     | 5 | Formulary Addition | Prior Authorization Required; Quantity Limit (216 mL every 27 days)   | 11/01/2022 |                     |        |
| RECOMBIVA HB INJ 5MCG/0.5 | 3 | Formulary Addition | Prior Authorization Required  | 11/01/2022 |                     |        |
| ENGERIX-B INJ 20MCG/ML    | 3 | Formulary Addition | Prior Authorization Required  | 11/01/2022 |                     |        |
| YF-VAX INJ                | 3 | Formulary Addition |   | 11/01/2022 |                     |        |

# VIVA Medicare

## IMPORTANT 2022 5-TIER CORE FORMULARY UPDATES

|                             |   |                    |  |            |  |  |
|-----------------------------|---|--------------------|--|------------|--|--|
| TENIVAC INJ 5-2LF           | 3 | Formulary Addition | Prior Authorization Required   | 11/01/2022 |  |  |
| PENTACEL INJ                | 3 | Formulary Addition |  | 11/01/2022 |  |  |
| JAVYGTOR PAK 100MG          | 5 | Formulary Addition | Prior Authorization Required   | 12/01/2022 |  |  |
| JAVYGTOR TAB 100MG          | 5 | Formulary Addition | Prior Authorization Required   | 12/01/2022 |  |  |
| ZONISADE SUS<br>100MG/5     | 4 | Formulary Addition | Prior Authorization Required; Quantity Limit<br>(900 mL every 30 days) | 12/01/2022 |  |  |
| THEOPHYLLINE ELX<br>80/15ML | 2 | Formulary Addition |  | 12/01/2022 |  |  |
| NORETH/ETHIN TAB FE         | 2 | Formulary Addition |  | 12/01/2022 |  |  |