

VIVA MEDICARE

IMPORTANT 2017 5-T EXPANDED PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
NORE/ETH/FER CHW 0.4MG-35	2	Added to the 2017 Formulary		3/1/2017		
ALYACEN TAB 1/35	2	Added to the 2017 Formulary		3/1/2017		
AMETHIA LO TAB	2	Added to the 2017 Formulary		3/1/2017		
ERGOT/CAFFEN TAB 1-100MG	2	Added to the 2017 Formulary		3/1/2017		
NORETH/ETHIN TAB 1/20	2	Added to the 2017 Formulary		3/1/2017		
LORCET HD TAB 10-325MG	2	Added to the 2017 Formulary	Quantity Limit (360 per 30 days)	3/1/2017		
PERTZYE CAP	4	Added to the 2017 Formulary		3/1/2017		
ALA-CORT CRE 2.5%	1	Added to the 2017 Formulary		3/1/2017		
FEMYNOR TAB 0.25-35	2	Added to the 2017 Formulary		3/1/2017		
BYVALSON TAB 5-80MG	4	Added to the 2017 Formulary		3/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ADRIAMYCIN INJ 20MG	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
XIIDRA DRO 5%	4	Added to the 2017 Formulary		3/1/2017		
ADLYXIN INJ 20MCG	4	Added to the 2017 Formulary	Quantity Limit (2 pens per 28 days)	3/1/2017		
ADLYXIN INJ 10/20MCG	4	Added to the 2017 Formulary	Quantity Limit (2 pens per 28 days)	3/1/2017		
GAMASTAN S/D INJ	3	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
GAMASTAN S/D INJ	3	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
MICORT-HC CRE 2.5%	4	Added to the 2017 Formulary		3/1/2017		
VASCEPA CAP 0.5GM	4	Added to the 2017 Formulary		3/1/2017		
YOSPRALA TAB 325-40MG	4	Added to the 2017 Formulary		3/1/2017		
YOSPRALA TAB 81-40MG	4	Added to the 2017 Formulary		3/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
NAMZARIC CAP	4	Added to the 2017 Formulary		3/1/2017		
SOLIQUA INJ 100/33	4	Added to the 2017 Formulary	Quantity Limit (10 pens per 30 days)	3/1/2017		
NYATA POW 100000	2	Added to the 2017 Formulary		3/1/2017		
AFREZZA POW	4	Added to the 2017 Formulary		3/1/2017		
FLURANDRENOL LOT 0.05%	2	Added to the 2017 Formulary		3/1/2017		
ALLOPURINOL INJ 500MG	2	Added to the 2017 Formulary		3/1/2017		
MYCOPHENOLAT INJ 500MG	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
OSELTAMIVIR CAP 75MG	2	Added to the 2017 Formulary		3/1/2017		
EZETIMIBE TAB 10MG	2	Added to the 2017 Formulary		3/1/2017		
APREPITANT CAP 80MG	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
APREPITANT CAP 125MG	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
RASAGILINE TAB 1MG	2	Added to the 2017 Formulary		3/1/2017		
RASAGILINE TAB 0.5MG	2	Added to the 2017 Formulary		3/1/2017		
APREPITANT CAP 40MG	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
OSELTAMIVIR CAP 30MG	2	Added to the 2017 Formulary		3/1/2017		
OSELTAMIVIR CAP 45MG	2	Added to the 2017 Formulary		3/1/2017		
AZITHROMYCIN TAB 500MG	1	Added to the 2017 Formulary		3/1/2017		
APREPITANT PAK 80 & 125	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
ALTOPREV TAB 60MG ER	4	Added to the 2017 Formulary		3/1/2017		
LOPIN/RITON SOL 80-20/ML	5	Added to the 2017 Formulary		3/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
FLUOCINONIDE CRE -E 0.05%	2	Added to the 2017 Formulary		3/1/2017		
TIGECYCLINE INJ 50MG	5	Added to the 2017 Formulary		3/1/2017		
LEVETIRACETA INJ 15MG/ML	2	Added to the 2017 Formulary		3/1/2017		
EPANED SOL 1MG/ML	4	Added to the 2017 Formulary		3/1/2017		
DORIPENEM INJ 250MG	2	Added to the 2017 Formulary		3/1/2017		
DOCETAXEL INJ 80MG/4ML	5	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
DORIPENEM INJ 500MG	2	Added to the 2017 Formulary		3/1/2017		
TAYTULLA CAP	4	Added to the 2017 Formulary		3/1/2017		
TILIA FE TAB	2	Added to the 2017 Formulary		3/1/2017		
METFORMIN ER TAB 1000MG	1	Added to the 2017 Formulary	Quantity Limit (75 per 30 days)	3/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LEVALBUTEROL NEB 1.25/0.5	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
LEVETIRACETA INJ 5MG/ML	2	Added to the 2017 Formulary		3/1/2017		
ETHYNODIOL TAB 1-50	2	Added to the 2017 Formulary		3/1/2017		
FLUOXETINE TAB 20MG	2	Added to the 2017 Formulary		3/1/2017		
BROMSITE DRO 0.075%	4	Added to the 2017 Formulary		3/1/2017		
GENGRAF CAP 50MG	2	Added to the 2017 Formulary	B vs D Prior Auth	3/1/2017		
LEVETIRACETA INJ 10MG/ML	2	Added to the 2017 Formulary		3/1/2017		
OMECLAMOX- MIS PAK	4	Removed from formulary		3/1/2017	Amoxicillin cap- Clarithro tab- Lansopraz cap dr Therapy Pack	2
CERVARIX INJ	3	Removed from formulary		3/1/2017	GARDASIL INJ	3

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
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
A-HYDROCORT INJ 100MG	2	Removed from formulary		3/1/2017	Dexamethasone sod phosphate inj 100 mg/10ml	2
RAPIVAB INJ 200MG/20	4	Removed from formulary		3/1/2017	TAMIFLU CAP 75MG	3
MOXATAG TAB 775MG	4	Removed from formulary		3/1/2017	Amoxicillin 500mg	1
ALTABAX OIN 1%	4	Removed from formulary		3/1/2017	Mupirocin Oint 2%	1
TRETIN-X CRE 0.0375%	4	Removed from formulary		3/1/2017	Tretin-X Cream 0.075%	4
GONITRO POW 400MCG	4	Added to the 2017 Formulary		4/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
RUBRACA TAB 300MG	5	Added to the 2017 Formulary	Prior Auth required	4/1/2017		
RUBRACA TAB 200MG	5	Added to the 2017 Formulary	Prior Auth required	4/1/2017		
PRIMSOL SOL 50MG/5ML	4	Added to the 2017 Formulary		4/1/2017		
SELZENTRY TAB 25MG	4	Added to the 2017 Formulary		4/1/2017		
SELZENTRY TAB 75MG	5	Added to the 2017 Formulary		4/1/2017		
FLUOXETINE TAB 10MG	2	Added to the 2017 Formulary		4/1/2017		
POT CL MICRO TAB 10MEQ ER	2	Added to the 2017 Formulary		4/1/2017		
POT CL MICRO TAB 20MEQ ER	2	Added to the 2017 Formulary		4/1/2017		
RAYALDEE CAP 30MCG	4	Added to the 2017 Formulary		4/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
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
NUTROPIN AQ INJ 10MG/2ML	5	Removed from formulary		4/1/2017	NUTROPIN AQ INJ NUSPIN 5	5
CLAFORAN/D5W INJ 2GM	4	Removed from formulary		4/1/2017	CEFTAZIDIME/ SOL D5W 2GM	4
CLAFORAN INJ 1GM	4	Removed from formulary		4/1/2017	CEFOTAXIME SODIUM FOR INJ 1 GM	2
CLAFORAN INJ 2GM	4	Removed from formulary		4/1/2017	CEFOTAXIME SODIUM FOR INJ 2 GM	2
AMMONIUM CHL INJ 5MEQ/ML	4	Removed from formulary		4/1/2017		
CAPITAL/COD SUS 120- 12/5	4	Removed from formulary		4/1/2017	acetaminophen w/ codeine soln 120-12 mg/5ml	2

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ONIVYDE INJ 4.3MG/ML	5	Added to the 2017 Formulary	B vs D Prior Auth	5/1/2017		
VEMLIDY TAB 25MG	5	Added to the 2017 Formulary		5/1/2017		
EUCRISA OIN 2%	4	Added to the 2017 Formulary	Prior Auth Required	5/1/2017		
PIPER/TAZOBA INJ 12-1.5GM	2	Added to the 2017 Formulary		5/1/2017		
LINZESS CAP 72MCG	3	Added to the 2017 Formulary		5/1/2017		
METHERGINE TAB 0.2MG	2	Added to the 2017 Formulary		5/1/2017		
METHYLPHENID CAP 60MG LA	2	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	5/1/2017		
DESVENLAFAX TAB 25MG ER	2	Added to the 2017 Formulary		5/1/2017		
DESVENLAFAX TAB 50MG ER	2	Added to the 2017 Formulary		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 the 2017 Formulary		5/1/2017		
PREDNISOLONE SOL 10MG/5ML	2	Added to the 2017 Formulary	B vs D Prior Auth	5/1/2017		
PREDNISOLONE SOL 20MG/5ML	2	Added to the 2017 Formulary	B vs D Prior Auth	5/1/2017		
MIBELAS 24 CHW FE	2	Added to the 2017 Formulary		5/1/2017		
METHYLPR SS INJ 125MG	2	Added to the 2017 Formulary	B vs D Prior Auth	5/1/2017		
METHYLPR SS INJ 1000MG	2	Removed from formulary		5/1/2017	METHYLPR SS INJ 125MG	2
METFORMIN ER TAB 1000MG	1	Removed from formulary		5/1/2017	metformin hcl tab sr 24hr osmotic 1000 mg	1
DOCETAXEL INJ 140/7ML	5	Removed from formulary		5/1/2017	DOCETAXEL INJ 160/8ML	5

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
NUTROPIN AQ INJ 20MG/2ML	5	Removed from formulary		5/1/2017	NUTROPIN AQ INJ 10MG/2ML	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
ATROPINE SUL INJ 0.1MG/ML	2	Added to the 2017 Formulary		6/1/2017		
LEVOLEUCOVOR INJ 175MG	5	Added to the 2017 Formulary	B vs D Prior Auth	6/1/2017		
FLURANDRENOL OIN 0.05%	2	Added to the 2017 Formulary		6/1/2017		
VYVANSE CHW 10MG	4	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	6/1/2017		
VYVANSE CHW 20MG	4	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	6/1/2017		
VYVANSE CHW 30MG	4	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	6/1/2017		
VYVANSE CHW 40MG	4	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	6/1/2017		
VYVANSE CHW 50MG	4	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	6/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
VYVANSE CHW 60MG	4	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	6/1/2017		
ZILEUTON ER TAB 600MG	5	Added to the 2017 Formulary		6/1/2017		
BUSULFAN INJ 6MG/ML	5	Added to the 2017 Formulary	B vs D Prior Auth	6/1/2017		
MG SO4/D5W INJ 10MG/ML	2	Added to the 2017 Formulary		6/1/2017		
GAMMAPLEX INJ 10/100ML	5	Added to the 2017 Formulary	Prior Auth Required	6/1/2017		
GAMMAPLEX INJ 20/200	5	Added to the 2017 Formulary	Prior Auth Required	6/1/2017		
GAMMAPLEX INJ 5G/50ML	5	Added to the 2017 Formulary	Prior Auth Required	6/1/2017		
TAZAROTENE CRE 0.1%	2	Added to the 2017 Formulary	Prior Auth Required	6/1/2017		
RIVELSA TAB	2	Added to the 2017 Formulary		6/1/2017		
FAYOSIM TAB	2	Added to the 2017 Formulary		6/1/2017		
AZOR TAB 10-20MG	4	Removed from formulary		6/1/2017	AMLOD/OLMES A TAB 10-20MG	1

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
AZOR TAB 10-40MG	4	Removed from formulary		6/1/2017	AMLOD/OLMES A TAB 10-40MG	1
AZOR TAB 5-20MG	4	Removed from formulary		6/1/2017	AMLOD/OLMES A TAB 5-20MG	1
AZOR TAB 5-40MG	4	Removed from formulary		6/1/2017	AMLOD/OLMES A TAB 5-40MG	1
TAMIFLU CAP 45MG	3	Removed from formulary		6/1/2017	OSELTAMIVIR CAP 45MG	2
TAMIFLU CAP 30MG	3	Removed from formulary		6/1/2017	OSELTAMIVIR CAP 30MG	2
TAMIFLU CAP 75MG	3	Removed from formulary		6/1/2017	OSELTAMIVIR CAP 75MG	2
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

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ILOTYCIN OIN OP	1	Removed from formulary		6/1/2017	ERYTHROMYCIN OIN OP	1
NITROSTAT SUB 0.6MG	3	Removed from formulary		6/1/2017	NITROGLYCERI SUB 0.6MG	2
NITROSTAT SUB 0.4MG	3	Removed from formulary		6/1/2017	NITROGLYCERN SUB 0.4MG	2
NITROSTAT SUB 0.3MG	3	Removed from formulary		6/1/2017	NITROGLYCERN SUB 0.3MG	2
BENICAR TAB 5MG	4	Removed from formulary		6/1/2017	OLMESA MEDOX TAB 5MG	1
BENICAR TAB 20MG	4	Removed from formulary		6/1/2017	OLMESA MEDOX TAB 20MG	1
BENICAR TAB 40MG	4	Removed from formulary		6/1/2017	OLMESA MEDOX TAB 40MG	1
BENICAR HCT TAB 20-12.5	4	Removed from formulary		6/1/2017	OLM MED/HCTZ TAB 20-12.5	1

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
BENICAR HCT TAB 40-25MG	4	Removed from formulary		6/1/2017	OLM MED/HCTZ TAB 40-25MG	1
BENICAR HCT TAB 40-12.5	4	Removed from formulary		6/1/2017	OLM MED/HCTZ TAB 40-12.5	1
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
ASACOL HD TAB 800MG	4	Removed from formulary		6/1/2017	MESALAMINE TAB 800MG DR	2
AMETHYST TAB 90-20MCG	2	Removed from formulary		6/1/2017	LEVO-ETH EST TAB 90-20MCG	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

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
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 300MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 300MG ER	2
SEROQUEL XR TAB 400MG	4	Removed from formulary		6/1/2017	QUETIAPINE TAB 400MG ER	2
TRIBENZOR20- TAB 5-12.5MG	4	Removed from formulary		6/1/2017	OLM MED/AMLO TAB /HCTZ	1
TRIBENZOR40- TAB 10-25MG	4	Removed from formulary		6/1/2017	OLM MED/AMLO TAB /HCTZ	1
TRIBENZOR40- TAB 10-12.5	4	Removed from formulary		6/1/2017	OLM MED/AMLO TAB /HCTZ	1
TRIBENZOR40- TAB 5-12.5MG	4	Removed from formulary		6/1/2017	OLM MED/AMLO TAB /HCTZ	1

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TRIBENZOR40- TAB 5-25MG	4	Removed from formulary		6/1/2017	OLM MED/AMLO TAB /HCTZ	1
AZILECT TAB 0.5MG	3	Removed from formulary		6/1/2017	RASAGILINE TAB 0.5MG	2
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
ALOGLIPTIN TAB 25MG	1	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
ALOGLIPTIN TAB 6.25MG	1	Added to the 2017 Formulary	Quantity Limit (120 per 30 days)	7/1/2017		
ALOGLIPTIN TAB 12.5MG	1	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		
ALOGLIPTIN/ TAB METFORM	1	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		
ALOGLIPTIN/ TAB METFORM	1	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		
ALOG/PIOGLIP TAB 12.5-15	1	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ALOG/PIOGLIP TAB 12.5-30	1	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
ALOG/PIOGLIT TAB 12.5-45	1	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
ALOG/PIOGLIT TAB 25-15MG	1	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
ALOG/PIOGLIT TAB 25-30MG	1	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
ALOG/PIOGLIT TAB 25-45MG	1	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
VIBATIV INJ 750MG	5	Added to the 2017 Formulary		7/1/2017		
ESBRIET TAB 267MG	5	Added to the 2017 Formulary	Prior Auth required	7/1/2017		
ESBRIET TAB 801MG	5	Added to the 2017 Formulary	Prior Auth required	7/1/2017		
KISQALI TAB 200DOSE	5	Added to the 2017 Formulary	New Start Prior Auth required	7/1/2017		
KISQALI TAB 400DOSE	5	Added to the 2017 Formulary	New Start Prior Auth required	7/1/2017		
KISQALI TAB 600DOSE	5	Added to the 2017 Formulary	New Start Prior Auth required	7/1/2017		
KINRIX INJ	3	Added to the 2017 Formulary		7/1/2017		

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SYNJARDY XR TAB 5-1000MG	4	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		
SYNJARDY XR TAB 25-1000	4	Added to the 2017 Formulary	Quantity Limit (30 per 30 days)	7/1/2017		
ROWEEPRA TAB 1000MG	2	Added to the 2017 Formulary		7/1/2017		
EZETIM/SIMVA TAB 10-20MG	1	Added to the 2017 Formulary		7/1/2017		
NORETH/ETHIN CHW FE 1/20	2	Added to the 2017 Formulary		7/1/2017		
EZETIM/SIMVA TAB 10-80MG	1	Added to the 2017 Formulary		7/1/2017		
ROWEEPRA TAB 750MG	2	Added to the 2017 Formulary		7/1/2017		
ZEJULA CAP 100MG	5	Added to the 2017 Formulary	New Start Prior Auth required	7/1/2017		
SYNJARDY XR TAB 10-1000	4	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		
EZETIM/SIMVA TAB 10-10MG	1	Added to the 2017 Formulary		7/1/2017		
SYNJARDY XR TAB	4	Added to the 2017 Formulary	Quantity Limit (60 per 30 days)	7/1/2017		
ZYTIGA TAB 500MG	5	Added to the 2017 Formulary	New Start Prior Auth required	7/1/2017		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
HERCEPTIN INJ 150MG	5	Added to the 2017 Formulary	New Start Prior Auth required	7/1/2017		
DOCETAXEL INJ 200/10	5	Added to the 2017 Formulary	B vs D Prior Auth	7/1/2017		
EZETIM/SIMVA TAB 10-40MG	1	Added to the 2017 Formulary		7/1/2017		
UVADEX INJ 20MCG/ML	4	Removed from formulary		7/1/2017		