

VIVA Medicare Plus

IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CEFAZOLIN SOL	3	Added to the 2016 Formulary		3/1/2016		
AZITHROMYCIN TAB 250MG	1	Added to the 2016 Formulary		3/1/2016		
FLUCONAZOLE/ INJ NACL 100	2	Added to the 2016 Formulary		3/1/2016		
NEVIRAPINE TAB 100MG	2	Added to the 2016 Formulary		3/1/2016		
GENVOYA TAB	5	Added to the 2016 Formulary		3/1/2016		
DAKLINZA TAB 30MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
DAKLINZA TAB 60MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
PEGASYS INJ 180MCG/M	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PEGASYS INJ PROCLICK	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
PEGASYS INJ	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
PEGASYS INJ PROCLICK	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
CLINDAMYCIN INJ 150MG/ML	2	Added to the 2016 Formulary		3/1/2016		
LINEZOLID SUS 100/5ML	5	Added to the 2016 Formulary		3/1/2016		
OCTAGAM INJ 25GM	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
GLEOSTINE CAP 5MG	4	Added to the 2016 Formulary		3/1/2016		
FLUOROURACIL INJ 5GM/100M	2	Added to the 2016 Formulary	B vs D Prior Auth	3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
COTELLIC TAB 20MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
ALECENSA CAP 150MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
TAGRISSO TAB 40MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
TAGRISSO TAB 80MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
NINLARO CAP 2.3MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
NINLARO CAP 3MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
NINLARO CAP 4MG	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
LEVOLEUCOVOR SOL 250MG/25	5	Added to the 2016 Formulary	B vs D Prior Auth	3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
BLISOVI FE TAB 1/20	2	Added to the 2016 Formulary		3/1/2016		
BEKYREE TAB	2	Added to the 2016 Formulary				
LEVONOR/ETHI TAB	2	Added to the 2016 Formulary		3/1/2016		
GLIPIZIDE XL TAB 2.5MG	1	Added to the 2016 Formulary		3/1/2016		
GLIPIZIDE XL TAB 5MG	1	Added to the 2016 Formulary	Quantity limit (240 per 30 days)	3/1/2016		
VERAPAMIL TAB 120MG ER	1	Added to the 2016 Formulary	Quantity limit (120 per 30 days)	3/1/2016		
NITROFURANTN CAP 100MG	4	Added to the 2016 Formulary		3/1/2016		
DUTAST/TAMSU CAP 0.5-0.4	2	Added to the 2016 Formulary	Prior Auth Required 65 years or older	3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MOLINDONE TAB HCL 5MG	2	Added to the 2016 Formulary	Quantity limit (30 per 30 days)	3/1/2016		
MOLINDONE TAB HCL 10MG	2	Added to the 2016 Formulary		3/1/2016		
MOLINDONE TAB HCL 25MG	2	Added to the 2016 Formulary		3/1/2016		
CHLORPROMAZ INJ 25MG/ML	4	Added to the 2016 Formulary				
CHLORPROMAZ INJ 25MG/ML	4	Added to the 2016 Formulary				
MORPHINE SUL INJ 4MG/ML	2	Added to the 2016 Formulary	B vs D Prior Auth	3/1/2016		
MORPHINE SUL INJ 8MG/ML	2	Added to the 2016 Formulary	B vs D Prior Auth	3/1/2016		
PRADAXA CAP 110MG	3	Added to the 2016 Formulary		3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MYORISAN CAP 30MG	2	Added to the 2016 Formulary		3/1/2016		
FERRIPROX SOL 100MG/ML	5	Added to the 2016 Formulary	Prior Auth	3/1/2016		
SUMATRIPTAN INJ 6MG/0.5	2	Added to the 2016 Formulary	Quantity limit (6 per 30 days)	3/1/2016		
TRESIBA FLEX INJ 100UNIT	3	Added to the 2016 Formulary		3/1/2016		
TRESIBA FLEX INJ 200UNIT	3	Added to the 2016 Formulary		3/1/2016		
CLAFORAN/D5W INJ 2GM	4	Added to the 2016 Formulary		3/1/2016		
MEROP/NACL INJ 500/50ML	2	Added to the 2016 Formulary		3/1/2016		
MEROP/NACL INJ 1GM/50ML	2	Added to the 2016 Formulary		3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LAYOLIS FE CHW	2	Added to the 2016 Formulary		3/1/2016		
BLISOVI 24 TAB FE 1/20	2	Added to the 2016 Formulary		3/1/2016		
REPAGLINIDE TAB 1-500MG	1	Added to the 2016 Formulary	Quantity limit (150 per 30 days)	3/1/2016		
REPAGLINIDE TAB 2-500MG	1	Added to the 2016 Formulary	Quantity limit (150 per 30 days)	3/1/2016		
SYNJARDY TAB 5-500MG	4	Added to the 2016 Formulary	Quantity limit (120 per 30 days)	3/1/2016		
SYNJARDY TAB 5-1000MG	4	Added to the 2016 Formulary	Quantity limit (60 per 30 days)	3/1/2016		
SYNJARDY TAB 12.5-500	4	Added to the 2016 Formulary	Quantity limit (60 per 30 days)	3/1/2016		
SYNJARDY TAB	4	Added to the 2016 Formulary	Quantity limit (60 per 30 days)	3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
RISEDRONATE TAB 35MG	2	Added to the 2016 Formulary		3/1/2016		
METOCLOPRAMI TAB 10MG ODT	2	Added to the 2016 Formulary		3/1/2016		
METHYLPHENID CAP 30MG ER	2	Added to the 2016 Formulary	Quantity limit (60 per 30 days)	3/1/2016		
FENOPROFEN CAP 400MG	2	Added to the 2016 Formulary		3/1/2016		
VIVLODEX CAP 5MG	4	Added to the 2016 Formulary		3/1/2016		
VIVLODEX CAP 10MG	4	Added to the 2016 Formulary		3/1/2016		
LAMOTRIG ODT KIT 25/50MG	2	Added to the 2016 Formulary		3/1/2016		
LAMOTRIG ODT KIT 50/100MG	2	Added to the 2016 Formulary		3/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LAMOTRIGINE KIT ODT	2	Added to the 2016 Formulary		3/1/2016		
PRAMIPEXOLE TAB 2.25MGER	2	Added to the 2016 Formulary		3/1/2016		
PLENAMINE INJ 15%		Added to the 2016 Formulary	B vs D Prior auth	3/1/2016		
OLOPATADINE DRO 0.1%	2	Added to the 2016 Formulary		3/1/2016		
ORAVIG TAB 50MG	5	Added to the 2016 Formulary		3/1/2016		
SUMAVEL DOSE INJ 4MG/0.5	5	Added to the 2016 Formulary	Quantity limit (6 per 30 days)	3/1/2016		
CEDAX SUS 90MG/5ML		Remove from formulary		3/1/2016	CEFDINIR FOR SUSP 125 MG/5ML	Tier 2
AMPHOTEC INJ 50MG		Remove from formulary		3/1/2016	AMPHOTERICIN B FOR INJ 50 MG	Tier 2

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
AMPHOTEC INJ 100MG		Remove from formulary		3/1/2016	AMPHOTERICIN B FOR INJ 50 MG	Tier 2
LIPTRUZET TAB 10- 10MG		Remove from formulary		3/1/2016	VYTORIN TAB	Tier 4
LIPTRUZET TAB 10- 20MG		Remove from formulary		3/1/2016	VYTORIN TAB	Tier 4
LIPTRUZET TAB 10- 40MG		Remove from formulary		3/1/2016	VYTORIN TAB	Tier 4
LIPTRUZET TAB 10- 80MG		Remove from formulary		3/1/2016	VYTORIN TAB	Tier 4
ADRIAMYC INJ 50MG		Remove from formulary		3/1/2016	DOXORUBICIN HCL FOR INJ 50MG	Tier 2
FOSCARNET INJ 24MG/ML		Remove from formulary		3/1/2016	GANCICLOVIR SODIUM FOR INJ 500 MG	Tier 2
CLINDAMYCIN INJ 150MG/ML		Remove from formulary		3/1/2016	CLINDAMYCIN INJ 600/4ML	Tier 3

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
OCTAGAM INJ 1GM		Remove from formulary		3/1/2016	OCTAGAM INJ 25GM	Tier 5
MY WAY TAB 1.5MG		Remove from formulary		3/1/2016	LEVONORGESTROL TAB 1.5MG	Tier 2
DILTZAC CAP 120MG/24		Remove from formulary		3/1/2016	TAZTIA XT CAP 120MG/24	Tier 3
DILTZAC CAP 180MG/24		Remove from formulary		3/1/2016	TAZTIA XT CAP 180MG/24	Tier 3
DILTZAC CAP 240MG/24		Remove from formulary		3/1/2016	TAZTIA XT CAP 240MG/24	Tier 3
DILTZAC CAP 300MG/24		Remove from formulary		3/1/2016	TAZTIA XT CAP 300MG/24	Tier 3
ARISTADA INJ 441MG/1.	5	Added to the 2016 Formulary	Quantity limit (1.6 per 30 days)	4/1/2016		
ARISTADA INJ 662MG/2	5	Added to the 2016 Formulary	Quantity limit (2.4 per 30 days)	4/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ARISTADA INJ 882MG/3	5	Added to the 2016 Formulary	Quantity limit (3.2 per 30 days)	4/1/2016		
BLISOVI FE TAB 1.5/30	2	Added to the 2016 Formulary		4/1/2016		
DEXPAK PAK 10 DAY	4	Added to the 2016 Formulary		4/1/2016		
DEXPAK PAK 6 DAY	4	Added to the 2016 Formulary		4/1/2016		
HUMIRA PEDIA INJ CROHNS	5	Added to the 2016 Formulary	Prior Auth	4/1/2016		
HUMIRA PEDIA INJ CROHNS	5	Added to the 2016 Formulary	Prior Auth	4/1/2016		
IMATINIB MES TAB 100MG	5	Added to the 2016 Formulary	Prior Auth	4/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
IMATINIB MES TAB 400MG	5	Added to the 2016 Formulary	Prior Auth	4/1/2016		
JULEBER TAB	2	Added to the 2016 Formulary		4/1/2016		
KAITLIB FE CHW	2	Added to the 2016 Formulary		4/1/2016		
LINEZOLID INJ 2MG/ML	5	Added to the 2016 Formulary		4/1/2016		
METFORMIN TAB 1000 MG ER	1	Added to the 2016 Formulary	Quantity limit (60 per 30 days)	4/1/2016		
METFORMIN TAB 500MG ER	1	Added to the 2016 Formulary	Quantity limit (120 per 30 days)	4/1/2016		
METHOTREXATE INJ 100/4ML	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
METHOTREXATE INJ 200/8ML	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
METHOTREXATE INJ 250/10ML	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
METHOTREXATE INJ 25MG/ML	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
METHOTREXATE INJ 50MG/2ML	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
MILLIPRED DP PAK 5MG	4	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
NAFTIFINE CRE HCL 2%	2					
PREDNISONE PAK 10MG	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
PREDNISONE PAK 5MG	2	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		
THIOTEPA INJ 15MG	5	Added to the 2016 Formulary	B vs D Prior auth	4/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
VIBERZI TAB 100MG	5	Added to the 2016 Formulary	Prior Auth	4/1/2016		
VIBERZI TAB 75MG	5	Added to the 2016 Formulary	Prior Auth	4/1/2016		
VIENVA TAB 0.1-20	2	Added to the 2016 Formulary		4/1/2016		
LOMUSTINE CAP 100MG		Remove from formulary		4/1/2016	GLEOSTINE CAP 100MG	Tier 4
LOMUSTINE CAP 10MG		Remove from formulary		4/1/2016	GLEOSTINE CAP 10MG	Tier 4
LOMUSTINE CAP 40MG		Remove from formulary		4/1/2016	GLEOSTINE CAP 40MG	Tier 4
APEXICON OIN 0.05%		Remove from formulary		4/1/2016	DIFLORASONE OIN 0.05%	Tier 2
ARALAST NP INJ 800MG		Remove from formulary		4/1/2016	ARALAST NP INJ 500MG	Tier 5
LACLOTION LOT 12%		Remove from formulary		4/1/2016	AMMONIUM LAC LOT 12%	Tier 2

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TOBRA/NACL INJ 80/0.9		Remove from formulary		4/1/2016	TOBRAMYCIN SULFATE INJ 80 MG/2ML (40 MG/ML)	Tier 2
LEVOBUNOLOL SOL 0.25% OP		Remove from formulary		4/1/2016	LEVOBUNOLOL HCL OPHTH SOLN 0.5%	Tier 2
FACTIVE TAB 320MG		Remove from formulary		4/1/2016	LEVOFLOXACIN TAB 500 MG	Tier 1
ENDODAN TAB		Remove from formulary		4/1/2016	OXYCOD/ASA TAB	Tier 2
FLAGYL ER TAB 750MG		Remove from formulary		4/1/2016	METRONIDAZOLE TAB	Tier 1
SOLIA TAB		Remove from formulary		4/1/2016	JULEBER TAB	Tier 2
BELBUCA MIS 150MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (120 per 30 days)	5/1/2016		
BELBUCA MIS 300MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (120 per 30 days)	5/1/2016		
BELBUCA MIS 450MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (120 per 30 days)	5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
BELBUCA MIS 600MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (60 per 30 days)	5/1/2016		
BELBUCA MIS 750MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (60 per 30 days)	5/1/2016		
BELBUCA MIS 75MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (120 per 30 days)	5/1/2016		
BELBUCA MIS 900MCG	4	Added to the 2016 Formulary	Prior Auth; Quantity limit (60 per 30 days)	5/1/2016		
BENDEKA INJ 100/4ML	5	Added to the 2016 Formulary	B vs D Prior auth	5/1/2016		
DARIFENACIN TAB HBR ER	2	Added to the 2016 Formulary		5/1/2016		
DARIFENACIN TAB HBR ER	2	Added to the 2016 Formulary		5/1/2016		
DOXEPIN HCL CRE 5%	2	Added to the 2016 Formulary		5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
DURLAZA CAP 162.5MG	4	Added to the 2016 Formulary		5/1/2016		
ENSTILAR AER	5	Added to the 2016 Formulary		5/1/2016		
ENVARUSUS XR TAB 0.75MG	4	Added to the 2016 Formulary	B vs D Prior auth	5/1/2016		
ENVARUSUS XR TAB 1MG	4	Added to the 2016 Formulary	B vs D Prior auth	5/1/2016		
ENVARUSUS XR TAB 4MG	4	Added to the 2016 Formulary	B vs D Prior auth	5/1/2016		
FYAVOLV TAB 1-5	4	Added to the 2016 Formulary	Prior Auth for member 65 and older	5/1/2016		
MILLIPRED DP PAK 5MG	4	Added to the 2016 Formulary		5/1/2016		
NORGEST/ETHI TAB ESTRADIO	2	Added to the 2016 Formulary		5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
NUCALA INJ 100MG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
NUTROPIN AQ INJ 10MG/2ML	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
NUTROPIN AQ INJ 20MG/2ML	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
OXICONAZOLE CRE NITRATE	2	Added to the 2016 Formulary		5/1/2016		
PEDIARIX INJ 0.5ML	3	Added to the 2016 Formulary		5/1/2016		
PENTACEL INJ	3	Added to the 2016 Formulary		5/1/2016		
PRALUENT INJ 150MG/ML	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
PRALUENT INJ 150MG/ML	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PRALUENT INJ 75MG/ML	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
PRALUENT INJ 75MG/ML	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
SEEBRI NEOHA CAP 15.6MCG	4	Added to the 2016 Formulary	Quantity Limit (60 per 30 days)	5/1/2016		
SPRITAM TAB 1000MG	4	Added to the 2016 Formulary		5/1/2016		
SPRITAM TAB 250MG	4	Added to the 2016 Formulary		5/1/2016		
SPRITAM TAB 500MG	4	Added to the 2016 Formulary		5/1/2016		
SPRITAM TAB 750MG	4	Added to the 2016 Formulary		5/1/2016		
TESTOSTERONE GEL 1%(25MG)	2	Added to the 2016 Formulary	Prior Auth; Quantity limit (300 per 30 days)	5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TESTOSTERONE GEL 1%(50MG)	2	Added to the 2016 Formulary	Prior Auth; Quantity limit (300 per 30 days)	5/1/2016		
TESTOSTERONE GEL 10MG/ACT	2	Added to the 2016 Formulary	Prior Auth; Quantity limit (120 per 30 days)	5/1/2016		
TESTOSTERONE GEL PUMP 1%	2	Added to the 2016 Formulary	Prior Auth; Quantity limit (300 per 30 days)	5/1/2016		
TRI-LO TAB ESTARYLL	2	Added to the 2016 Formulary		5/1/2016		
TRI-LO- TAB MARZIA	2	Added to the 2016 Formulary		5/1/2016		
TRI-LO- TAB SPRINTEC	2	Added to the 2016 Formulary		5/1/2016		
TRINESSA LO TAB	2	Added to the 2016 Formulary		5/1/2016		
UPTRAVI TAB 1000MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
UPTRAVI TAB 1200MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 1400MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 1600MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 200/800	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 200MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 400MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 600MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
UPTRAVI TAB 800MCG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
UTIBRON CAP NEOHALER	4	Added to the 2016 Formulary	Quantity Limit (60 per 30 days)	5/1/2016		
VARUBI TAB 90MG	4	Added to the 2016 Formulary	B vs D Prior auth	5/1/2016		
VELTASSA POW 16.8GM	4	Added to the 2016 Formulary		5/1/2016		
VELTASSA POW 25.2GM	4	Added to the 2016 Formulary		5/1/2016		
VELTASSA POW 8.4GM	4	Added to the 2016 Formulary		5/1/2016		
VRAYLAR CAP 1.5- 3MG	4	Added to the 2016 Formulary		5/1/2016		
VRAYLAR CAP 1.5MG	5	Added to the 2016 Formulary	Quantity Limit (120 per 30 days)	5/1/2016		
VRAYLAR CAP 3MG	5	Added to the 2016 Formulary	Quantity Limit (60 per 30 days)	5/1/2016		

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
VRAYLAR CAP 4.5MG	5	Added to the 2016 Formulary	Quantity Limit (30 per 30 days)	5/1/2016		
VRAYLAR CAP 6MG	5	Added to the 2016 Formulary	Quantity Limit (30 per 30 days)	5/1/2016		
XELJANZ XR TAB 11MG	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
XEOMIN INJ 200UNIT	5	Added to the 2016 Formulary	Prior Auth	5/1/2016		
NEXT CHOICE TAB 1.5MG		Remove from formulary		5/1/2016	LEVONORGESTR TAB 1.5MG	Tier 2
ANDROGEL GEL PUMP 1%		Remove from formulary		5/1/2016	TESTOSTERONE GEL PUMP 1%	Tier 2
AUVI-Q INJ 0.15MG		Remove from formulary		5/1/2016	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 2
AUVI-Q INJ 0.3MG		Remove from formulary		5/1/2016	EPIPEN 2-PAK INJ 0.3MG	Tier 3

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Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CEFOTETAN INJ 2GM/20ML	2	Tier Change from Tier 4 to Tier 2		5/1/2016		
CEFOTETAN INJ 1GM/10ML	2	Tier Change from Tier 4 to Tier 2		5/1/2016		
METHYLPRED TAB 4MG	2	Remove the PA: B VS. D		5/1/2016		
CEFOTETAN INJ 10G	2	Tier Change from Tier 4 to Tier 2		5/1/2016		
MILLIPRED DP PAK 5MG	4	Remove the PA: B VS. D		5/1/2016		
PREDNISONE PAK 10MG	2	Remove the PA: B VS. D		5/1/2016		
PREDNISONE PAK 5MG	2	Remove the PA: B VS. D		5/1/2016		
PREDNISONE PAK 10MG	2	Remove the PA: B VS. D		5/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
PREDNISON PAK 5MG	2	Remove the PA: B VS. D		5/1/2016		
CARBAMAZEPIN TAB 100MGER	2	Added to the 2016 formulary		6/1/2016		
DICLOFENAC GEL 1%	2	Added to the 2016 formulary		6/1/2016		
DICYCLOMINE INJ 10MG/ML	2	Added to the 2016 formulary		6/1/2016		
FROVATRIPTAN TAB 2.5MG	2	Added to the 2016 formulary	Qty limit 18 per 30 days	6/1/2016		
KEVEYIS TAB 50MG	5	Added to the 2016 formulary	Prior Auth	6/1/2016		
LINEZOLID INJ 2MG/ML	5	Added to the 2016 formulary		6/1/2016		
METOPROLOL INJ 1MG/ML	2	Added to the 2016 formulary		6/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MOMETASONE SPR 50MCG	2	Added to the 2016 formulary	Qty Limit 34 gm per 30 days	06/01/2016		
PANTOPRAZOLE INJ SOD 40MG	2	Added to the 2016 formulary		06/01/2016		
AVODART CAP 0.5MG		Remove from formulary		6/1/2016	DUTASTERIDE CAP 0.5MG	Tier 2
GLEEVEC TAB 100MG		Remove from formulary		6/1/2016	IMATINIB MES TAB 100MG	Tier 5
GLEEVEC TAB 400MG		Remove from formulary		6/1/2016	IMATINIB MES TAB 400MG	Tier 5
JALYN CAP		Remove from formulary		6/1/2016	DUTAST/TAMSU CAP 0.5-0.4	Tier 2
MEGACE ES SUS 625/5ML		Remove from formulary		6/1/2016	MEGESTROL SUS 625MG/5ML	Tier 5
NAMENDA SOL 10MG/5ML		Remove from formulary		6/1/2016	MEMANTINE HC SOL 2MG/ML	Tier 2
NAMENDA TAB 10MG		Remove from formulary		6/1/2016	MEMANTINE TAB HCL 10MG	Tier 2
NAMENDA TAB 5MG		Remove from formulary		6/1/2016	MEMANTINE TAB HCL 5MG	Tier 2

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ORAP TAB 1MG		Remove from formulary		6/1/2016	PIMOZIDE TAB 1MG	Tier 2
ORAP TAB 2MG		Remove from formulary		6/1/2016	PIMOZIDE TAB 2MG	Tier 2
TARGRETIN CAP 75MG		Remove from formulary		6/1/2016	BEXAROTENE CAP 75MG	Tier 5
XENAZINE TAB 12.5MG		Remove from formulary		6/1/2016	TETRABENAZIN TAB 12.5MG	Tier 5
XENAZINE TAB 25MG		Remove from formulary		6/1/2016	TETRABENAZIN TAB 25MG	Tier 5
ZYVOX SUS 100MG/5M		Remove from formulary		6/1/2016	LINEZOLID SUS 100/5ML	Tier 5
TARGRETIN CAP 75MG		Remove from formulary		6/1/2016	BEXAROTENE CAP 75MG	Tier 5
ADVICOR TAB 1000-20		Remove from formulary		6/1/2016	LOVASTATIN TAB	Tier 1
ADVICOR TAB 1000-40		Remove from formulary		6/1/2016	LOVASTATIN TAB	Tier 1

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ADVICOR TAB 500-20MG		Remove from formulary		6/1/2016	LOVASTATIN TAB	Tier 1
ADVICOR TAB 750-20MG		Remove from formulary		6/1/2016	LOVASTATIN TAB	Tier 1
ALSUMA INJ 6MG/0.5		Remove from formulary		6/1/2016	SUMATRIPTAN INJ 6MG/0.5	Tier 2
SIMCOR TAB 1000-20		Remove from formulary		6/1/2016	SIMVASTATIN	Tier 1
SIMCOR TAB 1000-40		Remove from formulary		6/1/2016	SIMVASTATIN	Tier 1
SIMCOR TAB 500-20MG		Remove from formulary		6/1/2016	SIMVASTATIN	Tier 1
SIMCOR TAB 500-40MG		Remove from formulary		6/1/2016	SIMVASTATIN	Tier 1
SIMCOR TAB 750-20MG		Remove from formulary		6/1/2016	SIMVASTATIN	Tier 1
TEVETEN HCT TAB 600-12.5		Remove from formulary		6/1/2016	VALSARTAN/HCTZ	Tier 1

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TEVETEN HCT TAB 600-25MG		Remove from formulary		6/1/2016	VALSARTAN/HCTZ	Tier 1
AZATHIOPRINE INJ 100MG	2	Added to the 2016 formulary	B vs D Prior Auth	7/1/2016		
DESCOVY TAB 200/25	5	Added to the 2016 formulary		7/1/2016		
FLURANDRENOL CRE 0.05%	2	Added to the 2016 formulary		7/1/2016		
HUMULIN R INJ U- 500	5	Added to the 2016 formulary		7/1/2016		
ODEFSEY TAB	5	Added to the 2016 formulary		7/1/2016		
ROSUVASTATIN TAB 10MG	1	Added to the 2016 formulary		7/1/2016		
ROSUVASTATIN TAB 20MG	1	Added to the 2016 formulary		7/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ROSUVASTATIN TAB 40MG	1	Added to the 2016 formulary		7/1/2016		
ROSUVASTATIN TAB 5MG	2	Added to the 2016 formulary		7/1/2016		
ROWEEPRA TAB 500MG	4	Added to the 2016 formulary		7/1/2016		
TRINTELLIX TAB 10MG	4	Added to the 2016 formulary		7/1/2016		
TRINTELLIX TAB 20MG	4	Added to the 2016 formulary		7/1/2016		
TRINTELLIX TAB 5MG	4	Added to the 2016 formulary		7/1/2016		
ULTRAVATE LOT 0.05%	2	Added to the 2016 formulary		7/1/2016		
FLO-PRED SUS		Remove from formulary		7/1/2016	PREDNISOLONE SOL 15MG/5ML	Tier 2
ZAZOLE CRE 0.4%		Remove from formulary		7/1/2016	TERCONAZOLE CRE 0.4%	Tier 2

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
ACZONE GEL 7.5%	4	Added to the 2106 formulary		8/1/2016		
ARMODAFINIL TAB 200MG	2	Added to the 2106 formulary	Quantity Limit (30 per 30 days)	8/1/2016		
ARMODAFINIL TAB 250MG	2	Added to the 2106 formulary	Quantity Limit (30 per 30 days)	8/1/2016		
ARMODAFINIL TAB 50MG	2	Added to the 2106 formulary	Prior Auth; Quantity Limit (150 per 30 days)	8/1/2016		
BRIVIACT INJ 50MG/5ML	4	Added to the 2016 formulary	Prior Auth	8/1/2016		
BRIVIACT INJ 10MG/ML	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
BRIVIACT TAB 100MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
BRIVIACT TAB 10MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
BRIVIACT TAB 25MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
BRIVIACT TAB 50MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
BRIVIACT TAB 75MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
BUPHENYL TAB 500MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
CABOMETYX TAB 20MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
CABOMETYX TAB 40MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
CABOMETYX TAB 60MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
DAKLINZA TAB 90MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
DOFETILIDE CAP 125MCG	2	Added to the 2016 formulary		8/1/2016		
DOFETILIDE CAP 250MCG	2	Added to the 2016 formulary		8/1/2016		
DOFETILIDE CAP 500MCG	2	Added to the 2016 formulary		8/1/2016		
DOXYCYCL HYC TAB 200MG DR	2	Added to the 2016 formulary		8/1/2016		
DOXYCYCL HYC TAB 50MG DR	2	Added to the 2016 formulary		8/1/2016		
LAZANDA SPR 300MCG	5	Added to the 2016 formulary	Prior Auth; Quantity Limit (30 per 30 days)	8/1/2016		
LENVIMA CAP 18MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
LENVIMA CAP 8MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
MIGLITOL TAB 100MG	2	Added to the 2016 formulary		8/1/2016		
MIGLITOL TAB 25MG	2	Added to the 2016 formulary		8/1/2016		
MIGLITOL TAB 50MG	2	Added to the 2016 formulary		8/1/2016		
MOXATAG TAB 775MG	4	Added to the 2016 formulary		8/1/2016		
NUPLAZID TAB 17MG	5	Added to the 2016 formulary	Prior Auth; Quantity Limit (60 per 30 days)	8/1/2016		
ONZETRA MIS 11MG	4	Added to the 2016 formulary	Quantity Limit (16 per days)	8/1/2016		
OXYCODONE/ SOL APAP	2	Added to the 2016 formulary	Quantity Limit (1,800 per 30 days)	8/1/2016		
PROCTO-MED CRE HC 2.5%	2	Added to the 2016 formulary		8/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
QUILLICHEW CHW 20MG ER	4	Added to the 2016 formulary	Quantity Limit (90 per 30 days)	8/1/2016		
QUILLICHEW CHW 30MG ER	4	Added to the 2016 formulary	Quantity Limit (60 per 30 days)	8/1/2016		
QUILLICHEW CHW 40MG ER	4	Added to the 2016 formulary	Quantity Limit (30 per 30 days)	8/1/2016		
SERNIVO SPR	5	Added to the 2016 formulary		8/1/2016		
TRUVADA TAB 100-150	5	Added to the 2016 formulary	Quantity Limit (60 per 30 days)	8/1/2016		
TRUVADA TAB 133-200	5	Added to the 2016 formulary	Quantity Limit (30 per 30 days)	8/1/2016		
TRUVADA TAB 167-250	5	Added to the 2016 formulary	Quantity Limit (30 per 30 days)	8/1/2016		
ULTRAVATE LOT 0.05%	4	Added to the 2016 formulary		8/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
VANCOMYCIN INJ 1 GM	4	Added to the 2016 formulary		8/1/2016		
VANCOMYCIN INJ 500MG	4	Added to the 2016 formulary		8/1/2016		
VANCOMYCIN INJ 750MG	4	Added to the 2016 formulary		8/1/2016		
VENCLEXTA TAB 100MG	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
VENCLEXTA TAB 10MG	4	Added to the 2016 formulary	Prior Auth	8/1/2016		
VENCLEXTA TAB 50MG	4	Added to the 2016 formulary	Prior Auth	8/1/2016		
VENCLEXTA TAB START PK	5	Added to the 2016 formulary	Prior Auth	8/1/2016		
ZEMBRACE SYM INJ 3/0.5ML	4	ZEMBRACE SYM INJ 3/0.5ML	Quantity Limit (24 per 30 days)	8/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
GLYCATE TAB 1.5MG		Removed from formulary		8/1/2016	GLYCOPYRROL TAB	Tier 2
CEFUROXIME INJ 7.5GM		Removed from formulary		8/1/2016	CEFUROXIME INJ	Tier 2
FYCOMPA SUS 0.5MG/ML	4	Added to the 2016 formulary	Prior Auth	9/1/2016		
ORFADIN SUS 4MG/ML	5	Added to the 2016 formulary	Prior Auth	9/1/2016		
TIVICAY TAB 10MG	3	Added to the 2016 formulary		9/1/2016		
TIVICAY TAB 25MG	5	Added to the 2016 formulary		9/1/2016		
JENTADUETO TAB XR	3	Added to the 2016 formulary	Qty Limit 60 per 30 days	9/1/2016		
JENTADUETO TAB XR	3	Added to the 2016 formulary	Qty Limit 30 per 30 days	9/1/2016		
NILUTAMIDE TAB 150MG	5	Added to the 2016 formulary		9/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
LENVIMA CAP 8 MG	5	Added to the 2016 formulary	Prior Auth	9/1/2016		
CLINDAMYCIN GEL TRETINOI	2	Added to the 2016 formulary		9/1/2016		
PRAMIPEXOLE TAB 3.75MG	2	Added to the 2016 formulary		9/1/2016		
MAGNESIUM SU INJ 2GM/50ML	2	Added to the 2016 formulary		9/1/2016		
ORENCIA CLCK INJ 125MG/ML	5	Added to the 2016 formulary	Prior Auth	9/1/2016		
MORGIDOX CAP 1X50MG	2	Added to the 2016 formulary		10/1/2016		
EMVERM CHW 100MG	4	Added to the 2016 formulary		10/1/2016		
MENHIBRIX INJ	3	Added to the 2016 formulary		10/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
TECENTRIQ INJ 1200/20	5	Added to the 2016 formulary	Prior Auth	10/1/2016		
HYDROXY CAPR INJ 1.25/5ML	4	Added to the 2016 formulary	B vs D Prior Auth	10/1/2016		
LEVOLEUCOVOR INJ 50MG	5	Added to the 2016 formulary	B vs D Prior Auth	10/1/2016		
DEXAMETH PHO INJ 4MG/ML	2	Added to the 2016 formulary		10/1/2016		
MEDROXYPR AC INJ 150MG/ML	2	Added to the 2016 formulary		10/1/2016		
TRI-LINYAH TAB	2	Added to the 2016 formulary		10/1/2016		
ORFADIN CAP 20MG	5	Added to the 2016 formulary	Prior Auth	10/1/2016		
ETHACRYNIC TAB ACD 25MG	2	Added to the 2016 formulary		10/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
CHOLESTYRAM POW 4GM LITE	2	Added to the 2016 formulary		10/1/2016		
CINQAIR INJ	2	Added to the 2016 formulary	Prior Auth	10/1/2016		
OMEPRRA/BICAR POW 20-1680	4	Added to the 2016 formulary	Qty limit 30 per 30 days	10/1/2016		
OMEPRRA/BICAR POW 40-1680	4	Added to the 2016 formulary	Qty limit 30 per 30 days	10/1/2016		
EMEND SUS 125MG	4	Added to the 2016 formulary	B vs D Prior Auth	10/1/2016		
CLINDACIN-P PAD 1%	2	Added to the 2016 formulary				
FLUOCINONIDE CRE - E 0.05%	2	Added to the 2016 formulary				
NALOXONE INJ 0.4MG/ML	2	Added to the 2016 formulary	B vs D Prior Auth	10/1/2016		
GENGRAF CAP 50MG	2	Added to the 2016 formulary	B vs D Prior Auth	10/1/2016		
XTAMPZA ER CAP 9MG	4	Added to the 2016 formulary	Qty limit 120 per 30 days	10/1/2016		
XTAMPZA ER CAP 13.5MG	4	Added to the 2016 formulary	Qty limit 120 per 30 days	10/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
XTAMPZA ER CAP 18MG	4	Added to the 2016 formulary	Qty limit 120 per 30 days	10/1/2016		
XTAMPZA ER CAP 27MG	4	Added to the 2016 formulary	Qty limit 120 per 30 days	10/1/2016		
XTAMPZA ER CAP 36MG	4	Added to the 2016 formulary	Qty limit 240 per 30 days	10/1/2016		
AMP-SULBACTA INJ 1.5GM		Remove from the formulary		10/1/2016	AMP-SULBACTA INJ 1.5GM	2
ROXICET SOL 5-325/5		Remove from the formulary		10/1/2016	OXYCODONE/ SOL APAP	2
ALTABAX OIN 1%		Remove from the formulary		10/1/2016	GENTAMICIN SULFATE OINT 0.1%	2
AFREZZA POW	4	Added to the 2016 formulary		11/1/2016		
CAZANT PAK	2	Added to the 2016 formulary		11/1/2016		
DAPTOMYCIN INJ 500MG	5	Added to the 2016 formulary		11/1/2016		
LARISSIA TAB	2	Added to the 2016 formulary		11/1/2016		
MESALAMINE TAB 800MG DR	2	Added to the 2016 formulary		11/1/2016		
NAMZARIC CAP 21-10MG	4	Added to the 2016 formulary		11/1/2016		

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
NAMZARIC CAP 7-10MG	4	Added to the 2016 formulary		11/1/2016		
NITROGLYCERI SUB 0.6MG	2	Added to the 2016 formulary		11/1/2016		
NITROGLYCERN SUB 0.3MG	2	Added to the 2016 formulary		11/1/2016		
NITROGLYCERN SUB 0.4MG	2	Added to the 2016 formulary		11/1/2016		
OTOVEL DRO	4	Added to the 2016 formulary		11/1/2016		
PROLASTIN-C INJ 1000MG	5	Added to the 2016 formulary	Prior Auth	11/1/2016		
QBRELIS SOL 1MG/ML	4	Added to the 2016 formulary		11/1/2016		
SMOFLIPID EMU	4	Added to the 2016 formulary	B vs D Prior Auth	11/1/2016		
SUSTOL INJ 10/0.4ML	4	Added to the 2016 formulary		11/1/2016		
ZURAMPIC TAB 200MG	4	Added to the 2016 formulary	Prior Auth	11/1/2016		
HEPARIN SOD INJ 2000/ML		Remove from the formulary		11/1/2016	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	2

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IMPORTANT 2016 5-T PERFORMANCE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Copay
HEPARIN SOD INJ 2500/ML		Remove from the formulary		11/1/2016	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	2
ROXICET TAB 5- 325MG		Remove from the formulary		11/1/2016	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	2