2022 VIVA MEDICARE Classic, Infirmary, ME, Plus, Prime (JEF201,214,216,217,220) Formulary Reference Guide

Class Description	VIVA Formulary Product		Not Covered*	
Anti-cholinergic Inhalers	• Incruse Ellipta • Atrovent HFA • Ipratropium Bromide Inhalation Solution		• Spiriva Handihaler • Spiriva Respimat	
Beta Agonist Inhalers (Rescue Inhalers)	• Albuterol HFA (generic of Proair, Proventil, & Ventolin) • Ventolin HFA (brand)		• Proair HFA (brand) • Proventil HFA (brand) • Proair Respiclick	
Dry Eye Disease	• Restasis		• Xiidra	
Gout	• Colchicine (generic formulation)	• Mitigare capsule	• Colcrys (brand)	
IBS-C	• Linzess		• Amitiza	• Trulance
Insulin – Long acting	• Basaglar • Tresiba	• Levemir	• Lantus	
Insulin – Long Acting/GLP combo	• Soliqua • Xultophy		• Lantus	
Insulin – Intermediate acting	• Novolin 70/30 vial • Novolin N	• Novolin R	• Novolin 70/30 vial (RELION Brand) • Novolin N (RELION brand)	• Novolin R (RELION brand)
Insulin – Rapid acting	• Novolog 100 u/ml vial • Novolog 70/30 mix vial • Novolog Flexpen	• Novolog Flexpen 70/30 • Fiasp • Fiasp Flextouch	• Humalog 100 u/ml vial • Humalog 75/25 mix vial • Humalog 50/50 mix vial	• Humalog Kwikpen
Ophthalmic allergy drops	• Olopatadine 0.1% • Bepotastine besilate 1.5% • Bepreve 1.5%	• Azelastine 0.05% • Lastacaft 0.25% • Zerviate 0.24%	• Olopatadine Ophthalmic 0.2%	

****Changes Effective 1/1/2022 The VIVA MEDICARE formulary can be accessed online at https://www.vivahealth.com/provider/Resources/#Formulary_Information_List**

***A formulary exception may be requested for drugs listed as not covered.**