

# VIVA Medicare

## IMPORTANT 2025 5-TIER GS CORE FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
BILDYOS INJ 60MG/ML	4	Addition	Quantity Limit Required (1 syringe every 180 days)	2/1/2026		
BLUJEPa TAB 750MG	3	Addition		2/1/2026		
BRUKINSA TAB 160MG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	2/1/2026		
D5W/NaCl INJ 0.45%	3	Addition		2/1/2026		
DEXTROSE INJ 10%	3	Addition		2/1/2026		
DOPTELET SPR CAP 10MG	5	Addition		2/1/2026		
DROXIA CAP 200MG	4	Addition		2/1/2026		
DROXIA CAP 300MG	4	Addition		2/1/2026		
DROXIA CAP 400MG	4	Addition		2/1/2026		
ELIQUIS CAP 0.15MG	3	Addition	Quantity Limit Required (56 caps every 21 days)	2/1/2026		
ELIQUIS TAB 0.5MG	3	Addition	Quantity Limit Required (588 tabs every 29 days)	2/1/2026		
ELIQUIS TAB 1.5MG	3	Addition	Quantity Limit Required (591 tabs every 29 days)	2/1/2026		
ELIQUIS TAB 2MG	3	Addition	Quantity Limit Required (592 tabs every 30 days)	2/1/2026		
ETHYNODIOL TAB 1-50	2	Addition		2/1/2026		
EXXUA TAB 18.2MG	5	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		
EXXUA TAB 36.3MG	5	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		

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EXXUA TAB 54.5MG	5	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		
EXXUA TAB 72.6MG	5	Addition	Prior Authorization Required; Quantity Limit Required (30 tabs every 30 days)	2/1/2026		
EXXUA TITRAT TAB 18.2MG	5	Addition	Prior Authorization Required; Quantity Limit Required (2 kits every year)	2/1/2026		
HERCESSI INJ 150MG	5	Addition		2/1/2026		
HERCESSI INJ 420MG	5	Addition		2/1/2026		
INLURIYO TAB 200MG	5	Addition	Prior Authorization Required; Quantity Limit Required (56 tabs every 28 days)	2/1/2026		
KEYTRUDA INJ QLEX	5	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 21 days)	2/1/2026		
KEYTRUDA INJ QLEX	5	Addition	Prior Authorization Required; Quantity Limit Required (1 vial every 42 days)	2/1/2026		
KLOR-CON 10 TAB 10MEQ ER	2	Addition		2/1/2026		
KOSELUGO CAP 5MG	5	Addition	Prior Authorization Required; Quantity Limit Required (600 caps every 30 days)	2/1/2026		
KOSELUGO CAP 7.5MG	5	Addition	Prior Authorization Required; Quantity Limit Required (360 caps every 30 days)	2/1/2026		
LACTATED RIN INJ	3	Addition		2/1/2026		
LIOMNY TAB 25MCG	3	Addition		2/1/2026		

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LIOMNY TAB 50MCG	3	Addition		2/1/2026		
LIOMNY TAB 5MCG	3	Addition		2/1/2026		
LOMUSTINE CAP 100MG	5	Addition		2/1/2026		
LOMUSTINE CAP 10MG	4	Addition		2/1/2026		
LOMUSTINE CAP 40MG	4	Addition		2/1/2026		
LUIZZA 1/20 TAB	2	Addition		2/1/2026		
LUIZZA TAB 1.5/30	2	Addition		2/1/2026		
NORETH/ETHIN TAB FE	2	Addition		2/1/2026		
NORETH/ETHIN TAB FE 1/20	2	Addition		2/1/2026		
OSPOMYV INJ 60MG/ML	4	Addition	Quantity Limit Required (1 syringe every 180 days)	2/1/2026		
PAZOPANIB TAB 400MG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 tabs every 30 days)	2/1/2026		
PERAMPANEL SUS 0.5MG/ML	5	Addition	Prior Authorization Required; Quantity Limit Required (680 mL every 28 days)	2/1/2026		
TREMFYA INJ 100MG/ML	5	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	2/1/2026		
TYDEMY TAB	2	Addition		2/1/2026		
VALTYA 1/35 TAB	2	Addition		2/1/2026		
ZELVYSIA POW 100MG	5	Addition		2/1/2026		
ZELVYSIA POW 500MG	5	Addition		2/1/2026		
DIFICID TAB 200MG	5	Removal		2/1/2026	FIDAXOMICIN TAB 200MG	Tier 1
OCELLA TAB 3-0.03MG	2	Removal		2/1/2026	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG;	Tier 1

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					SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	
OGSIVEO TAB 50MG	5	Removal	Prior Authorization Required; Quantity Limit Required (180 tabs every 30 days)	2/1/2026	OGSIVEO TAB 100MG, 150MG	Tier 1
SUMATRIPTAN INJ 4MG/0.5	4	Removal	Quantity Limit Required(18 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
SUMATRIPTAN INJ 4MG/0.5	4	Removal	Quantity Limit Required(18 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
SUMATRIPTAN INJ 6MG/0.5	4	Removal	Quantity Limit Required (12 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
SUMATRIPTAN INJ 6MG/0.5	4	Removal	Quantity Limit Required (12 injections every 30 days)	2/1/2026	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1
TOBRAMYCIN INJ 40MG/ML	3	Removal		2/1/2026	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 1
VIGPODER POW 500MG	5	Removal	Prior Authorization Required; Quantity Limit Required (180 packets every 30 days)	2/1/2026	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 1
ENSACOVE CAP 25MG	5	Addition	Prior Authorization Required; Quantity Limit Required (270 caps every 30 days)	3/1/2026		

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ENSACOVE CAP 100MG	5	Addition	Prior Authorization Required; Quantity Limit Required (60 caps every 30 days)	3/1/2026		
SUBVENITE SUS 10MG/ML	5	Addition		3/1/2026		
KOMZIFTI CAP 200MG	5	Addition	Prior Authorization Required; Quantity Limit Required (90 caps every 30 days)	3/1/2026		
AMINOSYN INJ 10%	4	Addition	Prior Authorization Required;	3/1/2026		
AMINOSYN-PF INJ 10%	4	Addition	Prior Authorization Required;	3/1/2026		
AMINOSYN II SOL 15%	4	Addition	Prior Authorization Required;	3/1/2026		
XPOVIO PAK 80MG	5	Addition	Prior Authorization Required; Quantity Limit Required (4 tabs every 28 days)	3/1/2026		
POT CHL/NACL INJ 20MEQ/L	3	Addition		3/1/2026		
POT CHL/NACL INJ 40MEQ/L	3	Addition		3/1/2026		
VRAYLAR CAP 0.5MG	5	Addition	Quantity Limit Required (30 caps every 30 days)	3/1/2026		
VRAYLAR CAP 0.75MG	5	Addition	Quantity Limit Required (30 caps every 30 days)	3/1/2026		
ADALIMU-BWWD INJ 40/0.4ML	5	Addition	Prior Authorization Required; Quantity Limit Required (6 autoinjectors every 28 days)	3/1/2026		
ADALIMU-BWWD INJ 40/0.4ML	5	Addition	Prior Authorization Required; Quantity Limit Required (6 syringes every 28 days)	3/1/2026		
XTRENBO SOL 120/1.7	4	Addition	Prior Authorization Required	3/1/2026		

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LOTEPR/TOBRA SUS 0.5-0.3%	3	Addition		3/1/2026		
BESIFLOXACIN SUS 0.6%	3	Addition		3/1/2026		
TERIPARATIDE INJ 560/2.24	5	Addition	Prior Authorization Required; Quantity Limit Required (1 pen every 28 days)	3/1/2026		
NEO-POLYCIN OIN HC 1%OP	3	Removal		3/1/2026	BACITRACIN-POLYMYXIN-NEOMYCIN-HYDROCORTISONE OPTH OINT 1%	Tier 3
NEO-POLYCIN OIN OP	3	Removal		3/1/2026	NEOMYCIN-BACITRACIN ZINC-POLYMYXIN OPTH OINT 5-400-10000	Tier 3
POLYCIN OIN OP	2	Removal		3/1/2026	BACITRACIN-POLYMYXIN B OPTH OINT	Tier 2
SULFACET SOD OIN 10% OP	3	Removal		3/1/2026	SULFACETAMIDE SODIUM OPTH SOLN 10%	Tier 3
HYRNUO TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit Required (120 tabs every 30 days)	4/1/2026		
SHINGRIX INJ 50/0.5ML	1	Addition	Quantity Limit Required (2 syringes per lifetime)	4/1/2026		
GAMMGD ERC INJ 10/100ML	5	Addition	Prior Authorization Required	4/1/2026		
GAMMGD ERC INJ 5GM/50ML	5	Addition	Prior Authorization Required	4/1/2026		
JENCYCLA TAB 0.35MG	2	Addition		4/1/2026		
BLISOVI FE TAB 1/20	2	Addition		4/1/2026		
DILTIAZEM CAP 120MG ER	2	Addition		4/1/2026		

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DILTIAZEM CAP 180MG ER	2	Addition		4/1/2026		
DILTIAZEM CAP 240MG ER	2	Addition		4/1/2026		
MAGNESIUM SU INJ 3G/100ML	3	Addition		4/1/2026		
LEVETIRACETA TAB 500MG	4	Addition	Quantity Limit Required (180 tabs every 30 days)	4/1/2026		
CEFTAROLINE INJ 400MG	5	Addition		4/1/2026		
CEFTAROLINE INJ 600MG	5	Addition		4/1/2026		
HAILEY FE TAB 1/20	2	Addition		4/1/2026		
SOD POLY SUL SUS 15GM/60	4	Addition		4/1/2026		
HALOETTE MIS	3	Removal		4/1/2026	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR; ENILLORING VA RING; ELURYNG VA RING	Tier 3
NISOLDIPINE TAB 40MG ER	4	Removal		4/1/2026	AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER	Tier 1 / Tier 2 / Tier 3
NISOLDIPINE TAB 20MG ER	4	Removal		4/1/2026	AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER	Tier 1 / Tier 2 / Tier 3
NISOLDIPINE TAB 30MG ER	4	Removal		4/1/2026	AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER	Tier 1 / Tier 2 / Tier 3
NISOLDIPINE TAB 25.5MG	4	Removal		4/1/2026	AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER	Tier 1 / Tier 2 / Tier 3