



2024 Upcoming Changes to MVP Health Care's Medicare Part D Formulary

Updated: 04/2024

Formulary ID 24146, Version 4

We will notify you of any formulary changes at least 60 days before the date the change becomes effective. If the Food and Drug Administration decides a drug on the Formulary is unsafe or the drug's manufacturer removes the drug from the market we will notify you as soon as possible and remove the drug from the Formulary immediately.

| Effective Date | Name of Drug | Description of Change | Reason for Change | Alternative Drug* | Alternative Drug Tier |
|----------------|--|--|---------------------------|-------------------|-----------------------|
| 04/01/2024 | BIJUVA CAP 0.5-100 | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 04/01/2024 | BROMFENAC DRO 0.07% OP | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 04/01/2024 | IXCHIQ INJ | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 04/01/2024 | PENBRAYA INJ | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 04/01/2024 | RISPERIDONE INJ 12.5MG, 25MG, 37.5MG, 50MG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 04/01/2024 | PAROMOMYCIN CAP 250MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | ^{PA} BOSULIF CAP 50MG, 100MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 03/01/2024 | DIAZEPAM INJ 50/10ML | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 03/01/2024 | ^{PA} IWILFIN TAB 192MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 03/01/2024 | ^{PA} KALYDECO GRA 5.8MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |

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|-----------------------|---------------------------------|--|---------------------------|--------------------------|------------------------------|
| 03/01/2024 | PA, QL LIDOCAN III PAD 5% | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 03/01/2024 | LORAZEPAM INJ 2MG/ML, 4MG/ML | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 03/01/2024 | NORELGE/ETHI DIS 150/35 | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 03/01/2024 | TAYSOFY CAP 1/20 | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 03/01/2024 | PA, QL TERIPARATIDE INJ 600/2.4 | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 03/01/2024 | VIGPODER POW 500MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 03/01/2024 | ZENPEP CAP 60000UNT | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 03/01/2024 | ACCUTANE CAP 30MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | AMABELZ TAB 1-0.5MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | AMCINONIDE LOT 0.1% | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | DIASTAT ACDL GEL 12.5-20 | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | FLEBOGAMMA INJ 5GM/50ML | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | GVOKE PFS INJ | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | NARCAN SPR 4MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 03/01/2024 | SORINE TAB 240MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |

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|-----------------------|--|--|---------------------------|--------------------------|------------------------------|
| 03/01/2024 | ZORBTIVE INJ 8.8MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | ^{PA} AUGTYRO CAP 40MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | ENILLORING MIS | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 02/01/2024 | FLUTICASONE AER 50MCG, 100MCG, 250MCG | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} FRUZAQLA CAP 1MG, 5MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | JOYEAUX TAB 0.1-20 | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 02/01/2024 | LAGEVRIO CAP 200MG | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} LITFULO CAP 50MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} OGSIVEO TAB 50MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | ⁰ PAXLOVID TAB 150-100, 300-100 | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 02/01/2024 | PAZOPANIB TAB 200MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | PITAVASTATIN TAB 1MG, 2MG, 4MG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} ROZLYTREK PAK 50MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} TRETINOIN GEL 0.01%, 0.025%, 0.05% | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} TRUQAP TAB 160MG, 200MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |

| Effective Date | Name of Drug | Description of Change | Reason for Change | Alternative Drug* | Alternative Drug Tier |
|-----------------------|---|--|---------------------------|--------------------------|------------------------------|
| 02/01/2024 | TURQOZ TAB | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 02/01/2024 | ^{PA} XALKORI CAP 20MG, 50MG, 150MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | ZURZUVAE CAP 20MG, 25MG, 30MG | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 02/01/2024 | CALCIPOTRIEN AER 0.005% | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | CIPROFLOXACN TAB 100MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | CLINDAMYCIN INJ 300/2ML | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | DIASTAT PED GEL 2.5M GEL | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | DRIZALMA DR CAP 20MG, 30MG, 40MG, 60MG | Removal of drug from formulary | Discontinued product | -- | -- |
| 02/01/2024 | ISTURISA TAB 10MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | NEVIRAPINE TAB 100MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | OLOPATADINE DRO 0.1% | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | SUPRAX SUS 500/5ML | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 02/01/2024 | SYNRIBO INJ 3.5MG | Removal of drug from formulary | Drug removed by CMS | -- | -- |
| 1/1/2024 | ^{PA} ASTAGRAF XL CAP 0.5MG, 1MG, 5MG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 1/1/2024 | ^{PA} BRONCHITOL CAP 40MG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |

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| 1/1/2024 | DULERA AER 50-5MCG, 100-5MCG, 200-5MCG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 1/1/2024 | ELURYNG MIS | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 1/1/2024 | ENDARI POW 5GM | Addition of drug to the formulary (Tier 5) | New drug to the formulary | -- | -- |
| 1/1/2024 | ^{PA} ENVARUSUS XR TAB 0.75MG, 1MG, 4MG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 1/1/2024 | ETONOGESTREL MIS ETHY EST | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 1/1/2024 | EYSUVIS DRO 0.25% | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 1/1/2024 | JYNNEOS INJ | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 1/1/2024 | ^{PA, QL} MOUNJARO INJ 2.5/0.5, 7.5/0.5, 5MG/0.5, 10MG/0.5, 12.5/0.5, 15MG/0.5 | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 1/1/2024 | MOXIFLOXACIN INJ 400/250 | Addition of drug to the formulary (Tier 2) | New drug to the formulary | -- | -- |
| 1/1/2024 | ^{QL} NURTEC TAB 75MG ODT | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 1/1/2024 | XARELTO TAB 2.5MG, 10MG, 15MG, 20MG | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 1/1/2024 | XARELTO SUS 1MG/ML | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 1/1/2024 | XARELTO STAR TAB 15/20MG | Addition of drug to the formulary (Tier 3) | New drug to the formulary | -- | -- |
| 1/1/2024 | VERQUVO TAB 2.5MG, 5MG, 10MG | Addition of drug to the formulary (Tier 4) | New drug to the formulary | -- | -- |
| 1/1/2024 | ADVAIR DISKU AER 100/50, 250/50, 500/50 | Removal of drug from formulary | Generic alternatives available | Wixela inhub | Tier 2 |

| Effective Date | Name of Drug | Description of Change | Reason for Change | Alternative Drug* | Alternative Drug Tier |
|-----------------------|---|--------------------------------|----------------------------------|---------------------------------------|------------------------------|
| 1/1/2024 | ALPHAGAN P SOL 0.1% | Removal of drug from formulary | Generic alternatives available | Brimonidine tartrate 0.15% | Tier 3 |
| 1/1/2024 | AZELASTINE SPR 0.15% | Removal of drug from formulary | Formulary alternatives available | Azelastine 0.1% spray | Tier 2 |
| 1/1/2024 | BYDUREON INJ 2MG | Removal of drug from formulary | Discontinued product | Bydureon BCISE | Tier 2 |
| 1/1/2024 | CEPHALEXIN TAB 250MG, 500MG | Removal of drug from formulary | Formulary alternatives available | Cephalexin capsules | Tier 2 |
| 1/1/2024 | CIPRO HC SUS OTIC | Removal of drug from formulary | Formulary alternatives available | ciprofloxacin-dexamethasone otic susp | Tier 2 |
| 1/1/2024 | FLOVENT DISK AER 50MCG, 100MCG, 250MCG | Removal of drug from formulary | Drug removed by CMS | Arnuity Ellipta | Tier 3 |
| 1/1/2024 | FLOVENT HFA AER 44MCG, 110MCG, 220MCG | Removal of drug from formulary | Drug removed by CMS | Arnuity Ellipta | Tier 3 |
| 1/1/2024 | FLUTIC/VILAN INH 100-25, 200/25 | Removal of drug from formulary | Formulary alternatives available | Breo Ellipta | Tier 3 |
| 1/1/2024 | FLUTICASONE LOT 0.05% | Removal of drug from formulary | Formulary alternatives available | Fluticasone cream 0.05% | Tier 2 |
| 1/1/2024 | KYNMOBI MIS 10MG, 15MG, 20MG, 25MG, 30MG | Removal of drug from formulary | Drug removed by CMS | Nourianz tab | Tier 5 |
| 1/1/2024 | LATUDA TAB 20MG, 40MG, 60MG, 80MG, 120MG | Removal of drug from formulary | Generic alternative available | Lurasidone tablet | Tier 4 |
| 1/1/2024 | LEVO-T TAB 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | Removal of drug from formulary | Drug removed by CMS | Levothyroxine sodium tablet | Tier 1 |
| 1/1/2024 | LIDOCAINE SOL 4% | Removal of drug from formulary | Formulary alternatives available | Lidocaine oint 5% | Tier 3 |

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|----------------|--|--------------------------------|----------------------------------|---|-----------------------|
| 1/1/2024 | LOKELMA PAK 5GM, 10GM | Removal of drug from formulary | Formulary alternatives available | Veltassa | Tier 3 |
| 1/1/2024 | RETACRIT INJ 2000UNT, 3000UNT, 4000UNT, 10000UNT, 20000UNT, 40000UNT | Removal of drug from formulary | Formulary alternatives available | Procrit inj | Tier 3, 5 |
| 1/1/2024 | SUPREP BOWEL SOL PREP KIT | Removal of drug from formulary | Generic alternatives available | Sod Sulfat-Pot Sulf-Mg Sulf oral solution | Tier 3 |
| 1/1/2024 | SYMBICORT AER 80-4.5, 160-4.5 | Removal of drug from formulary | Formulary alternatives available | Breo Ellipta | Tier 3 |
| 1/1/2024 | TOVIAZ TAB 4MG, 8MG | Removal of drug from formulary | Generic alternatives available | Tolterodine tartrate tablet | Tier 3 |
| 1/1/2024 | TRETINOIN GEL 0.01%, 0.025%, 0.05% | Removal of drug from formulary | Formulary alternatives available | Tretinoin cream | Tier 3 |
| 1/1/2024 | VICTOZA INJ 18MG/3ML | Removal of drug from formulary | Formulary alternatives available | Ozempic | Tier 2 |
| 1/1/2024 | VIIBRYD TAB 10MG, 20MG, 40MG | Removal of drug from formulary | Generic alternatives available | Vilazodone | Tier 3 |
| 1/1/2024 | VYNDAQEL | Removal of drug from formulary | Formulary alternatives available | Vyndamax | Tier 5 |

* Ask your doctor if the alternative drug listed here is appropriate for you. If you have any questions regarding the MVP Health Care Medicare Part D Formulary, please call MVP's Medicare Customer Care Center at the phone number listed on the back of your ID card.

QL= Quantity Limit

PA=Prior Authorization

0=\$0 Cost Share

If you are taking a medication that has prior authorization (PA), or quantity limits (QL), you can ask MVP to make an exception to our coverage rules. For more information, refer to the MVP Health Care Medicare Part D Formulary ("How do I request an exception to MVP's Medicare Part D Formulary").

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