



2024 Upcoming Changes to MVP Health Care's Medicare
Part D Formulary for Employer-based Plans

Updated: 04/2024

Formulary ID 24145, 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	ACUTANE 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	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
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	JOYEAX 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	BENZPHETMINE TAB 25MG	Removal of drug from formulary	Discontinued product	--	--
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	OSMOPREP TAB 1.5GM	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	--	--

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
1/1/2024	^{PA} BRONCHITOL CAP 40MG	Addition of drug to the formulary (Tier 4)	New drug to the formulary	--	--
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	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 3)	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	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
1/1/2024	ALPHAGAN P SOL 0.1%	Removal of drug from formulary	Generic alternatives available	Brimonidine tartrate 0.15%	Tier 3

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
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 3
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

Effective Date	Name of Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Tier
1/1/2024	LIDOCAINE SOL 4%	Removal of drug from formulary	Formulary alternatives available	Lidocaine oint 5%	Tier 3
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 3
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 limit (QL) requirements 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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